National Association on Alcohol, Drugs & Disability

National Advisory Council

April 24, 2003

Washington, DC

www.naadd.org

Regina Genwright

April 29, 2003

Ms. Regina Genwright
Director-Information Center
American Foundation for the Blind
11 Penn Plaza, Suite 300
New York, NY 10001

Dear Ms. Genwright,

I am sorry that you were not able to attend the National Access Project's National Advisory Council last week. We had an excellent turnout and received valuable input from those attending.

Enclosed is your briefing book that will provide an overview of the day. I would welcome any comments, suggestion or question that you might have concerning our efforts.

The next meeting of the Council has been tentatively set for October 23, 2003 in Washington, D.C. so please mark your calendar.

Thank you for your support of our efforts.

Best wishes,

John de Miranda

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NATIONAL ASSOCIATION ON ALCOHOL, DRUGS & DISABILITY

Table of Contents

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N37

1 Agenda

Participants

2 History / Context

3 SARDI / RRTC

4 Policy Efforts

5 Press

6 Lessons, Findings, Recommendations

7 Discrimination Initiative

8 *Alcoholism & Drug Abuse Weekly* Articles

9 NAADD Board Members – Staff Bios

10 NAADD Newsletters

AVERY READY INDEX INDEXING SYSTEM

National Association on Alcohol, Drugs and Disability

National Advisory Council

Thursday April 24, 2003, the National Press Club, Washington, DC

AGENDA

8:30-9:00am	Continental Breakfast, Zenger Room
9:00-9:30am	Welcome and overview of the day, the committee, and the National Association on Alcohol, Drugs and Disability, **Michael Nelipovich, Rh. D., President, NAADD Board of Directors** Silent Storm –Video
9:30-10:30am	History of the Alcohol, Drugs and Disability Issue and findings and lessons from the National Access Project, **John de Miranda, Executive Director, NAADD**
10:30-10:45am	Break
10:45-11:30am	What we know and what we need to find out, **Dennis Moore, Ed. D., Director, Center on Drugs and Disability, Wright State University**
11:30-12 noon	Role of the National Advisory Council, **Michael Nelipovich, Rh. D., John de Miranda**
12:00-1:30pm	Working Lunch, Panel Presentation "No Access to Care," **Deb Larson, NAADD Board Member, Steve Towle, NAADD Washington Liaison**
1:30-2:30pm	Strengthening the base, building alliances, bridging gaps, **John de Miranda**
2:30-2:45pm	Break
3:00-4:00pm	Facilitated discussion: Next steps, organizational linkages, and policy recommendations
4:00pm	Adjourn

National Access Project
National Advisory Council Participants
April 24, 2003

Johnny Allem, President
The Johnson Institute; Facilitator, The National Forum

Andrea Barthwell, Deputy Director for Demand Reduction
White House Office for National Drug Control Policy

James Billie, Ed.M., NAADD Board
Board Member, NAADD, Branch Chief, Independent Living, U.S. Department of Education

John Bollinger, Executive Director
Paralyzed Veterans of America

Marca Bristo
Executive Director, Access Living (Chicago); formerly National Council on Disability, Chairperson; Board Member, National Council on Independent Living

Elena Carr, Director
Working Partners, U.S. Department of Labor

Dale Chadwick, MBA, NAADD Board

Loretta Petty Chittum, Ph.D.
Deputy Assist Secretary for Special Education & Rehabilitative Service

John de Miranda, Executive Director
National Association on Alcohol, Drugs and Disability

Steven Eidelman / Sharon Davis
Executive Director, The Arc (formerly Association for Retarded Citizens)

Bill Foster Ph.D.
Senior Vice President, The National Center of Addiction and Substance Abuse, Columbia University

Steve Gardner, DSW, Deputy Director
Center for Substance Abuse Prevention

Regina Genwright
American Foundation for the Blind

John Hulick, Director of Public Policy
National Council on Alcohol and Drug Dependence, New Jersey;
Founder, Signs of Sobriety

Andrew Imparato, Executive Director
American Association of People with Disabilities

Shane Koch, Rh.D., NAADD Board
Coordinator of Rehabilitation Studies
North Texas University

Hal Krause, Acting Branch Chief
SAMHSA/CSAT

Deb Larson, NAADD Board
Executive Director, Granada House

Betty Miller, Ed.D.

Tom Miller
Blinded Veterans Association

Dennis Moore, Ed.D., Director
Center on Drugs and Disability
Wright State University

Floyd Morris, Program Officer
Robert Wood Johnson Foundation

Michael Nelipovich, Rh.D.
President, NAADD Board
Wisconsin Bureau for the Blind

Terry Portis, Executive Director
Self-Help for Hard of Hearing People

Richard Sampson
Executive Director, Faces and Voices of Recovery, formerly
Center for Substance Abuse Treatment State Technical Chief

Carla Shird
Counseling Department, Gallaudet University

Susan Storti, Executive Director
Brown University Addiction Technology Transfer Center

Steve Towle
NAADD Washington Liaison; Board Member, National Spinal Cord Injury Association

Delores Watkins
National Institute on Disability and Rehabilitation Research

Alcohol, Drugs and Disability

Evolution of an issue and an organization

Dark Ages
Pre 1980

- A few isolated programs scattered around the country
- People with disabilities as a special population was a non-issue in the AOD field
- Physical accessibility of alcohol and drug treatment services was a non-issue
- The Rehabilitation Act of 1973 includes addiction and alcoholism as disabilities but the inclusion is largely symbolic

1980s
Getting Started

- Coalition on Disability and Chemical Dependency forms at Stanford University & San Mateo, CA
- Deaf specific programs in far flung areas (Falmouth, MA, Kent State, Ohio, Minnesota).
- California Alcohol, Drugs and Disability Study

Early 1990s
Explosive Growth

- National Conferences (AZ, Stanford Univ., MA)
- CSAP and CSAT convene work groups
- SARDI (Wright State) Receives funding
- First attempt at forming a national organization fails
- California Technical Assistance Project funded
- Litigation in California and Massachusetts

Late 1990s More Growth

- Chicago national conference (1996)
- NAADD founded (1996)
- NAADD receives funding from Robert Wood Johnson Foundation (2000)
- NAADD receives California Technical Assistance contract (2000)

5

2001-2002 Institutionalization

- Major presence in Ohio, Oregon, New Jersey, Florida and California
- National Visibility
- Organizational Partnerships
- Additional state activity
- Future funding opportunities

6

Major presence in Ohio, Oregon, New Jersey, Florida and California

- Stakeholder coalitions
- Needs Assessments
- Training and technical assistance action plans
- Training, training, training
- New Jersey case study (PL 1995)
- FL Recovery community effort

7

National Visibility

- New Freedom Initiative (Testimony)
- National Conferences (APHA, NAADAC, ASA, State Systems Development)
- Work group participation (recovery month, CSAT)
- National leadership activities (Public Policy Conference)
- Am. Bar Association/Join Together policy panel testimony
- Washington liaison position

8

Organizational Partnerships

- National Association of Alcohol and Drug Abuse Counselors
- National Council on Alcohol and Drug Dependence
- CADCA Strategizer, National ATTC Network,
- University of Central Florida

9

Organizational Partnerships

- Florida Alcohol and Drug Dependency Association
- CA Foundation for Independent Living
- Single state AOD agencies
- Barrier Free Living (NYC)
- The Alliance Project-Faces and Voices of Recovery

10

Additional State Activity

- Arizona
- Missouri
- Massachusetts
- New York
- Washington

11

Future Funding Opportunities

- California Endowment
- Robert Wood Johnson Foundation
- Center for Substance Abuse Treatment
- California Department of Alcohol and Drug Programs
- Public Welfare Foundation
- Pew Charitable Trust
- San Francisco Foundation

12

Impact

Building on a foundation that has been almost twenty years in the making, NAADD has created significant momentum and in the past two years improving prevention and treatment services for people with disabilities has become a major, visible issue on a national, state and local level.

13

Treatment Services Offer Limited Access for People with Disabilities

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John de Miranda, EdM

The National Association on Alcohol, Drugs and Disabilities (NAADD) released a study on January 13 that suggests that alcohol and drug treatment programs are largely out of compliance with state and federal statutes that protect the civil rights of people with disabilities.

The report, *Access Limited—Substance Abuse Services for People with Disabilities: A National Perspective,* arose out of members' frustration that the pace of compliance with the Americans with Disabilities Act (ADA) was too slow. In addition, anecdotal evidence had been accumulating for years about people with disabling conditions denied services by providers unwilling to make even minor accommodations to their treatment protocols.

NAADD is an association of individuals and organizations whose goal is to create greater public awareness about alcoholism, drug addiction, and substance abuse issues faced by disabled persons. It seeks to improve access to treatment and prevention services through the collaborative efforts of community treatment agencies, independent living centers, vocational rehabilitation programs, government agencies, and universities.

People with disabilities experience risks that increase their chance for substance abuse problems, such as medication mismanagement and societal enabling. In some cases, prevalence rates for addiction disorders among people with disabilities are alarming. Substance abuse rates approach or exceed 50% for persons with traumatic brain injuries (Corrigan, 1995), spinal cord injuries (Heinemann, Doll, Armstrong, and Schnoll, 1991), or mental illness (Brown, Ridgely, Pepper, Levine, and Ryglewicz, 1989). This is in striking contrast to the 10% to 15% of the general population that experiences alcohol and drug problems. In addition:

- Persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations can be classified as heavy drinkers in 40% to 50% of cases (Buss and Cramer, 1989).
- Persons with disabilities experience substance abuse rates at 2-4 times that of the general population (de Miranda and Cherry, 1989).
- Conditions such as deafness (Sylvester, 1986), arthritis, or multiple sclerosis (RRTC, 1995) have shown substance abuse rates of at least double the general population estimates.

Moreover, the major causes of disability are changing from medical etiologies to social and behaviorally-related conditions, increasingly involving complications such as substance abuse, violence, and poor mental health (Seelman and Sweeney, 1995).

Although people with disabilities experience higher rates of substance abuse problems, access to services has historically been limited. The ADA was passed in 1990 to increase legal protection against discrimination.While it has improved sensitivity in the general public and increased access to public accommodations, the *Access Limited* report indicates that access to alcohol and drug treatment is lagging far behind.

Study of Services

NAADD initiated a review of access to substance abuse services in selected jurisdictions. States were chosen because of NAADD member distribution or because state policy makers welcomed the investigation even knowing that some results might be critical of their operations. Archival research and key informant interviews were conducted during the summer and fall of 1998. Site visits to publicly-funded prevention and treatment services were also conducted.

The study examined the nature and extent of access to publicly funded programs for people with disabilities; the number of people with disabilities receiving services, the contracting and oversight mechanisms in place to ensure compliance with laws designed to protect people with disabilities, and the role played by litigation in improving access to publicly-funded services.

The study revealed that:

- Conservative epidemiological estimates indicate there are approximately 4.7 million people with a disabling condition and a co-existing substance abuse problem.
- In Arizona, on-site inspection of three community-based, publicly-funded programs found that none had Braille or large-print materials available, all had entrances with some form of accessibility obstacles, none had visual emergency alarms for deaf persons, and none had a telecommunications device for the deaf (TDD). And less than a third of 1% of the population in need in Arizona was being served.
- Only two of 15 TDDs listed in the California Department of Alcohol and Drug Programs directory of publicly-funded treatment programs were working during September 1998.
- 176 of 702 programs/facilities were self-identified as accessible in the 1998 Wisconsin Substance Abuse Services Directory, but none had a TDD.
- Of five Massachusetts programs selected for on-site inspections, only two had a TDD, only one had handicap signage, and only one had educational materials suitable for clients with cognitive impairments.
- Both of the states in which the most progress toward full accessibility had been made were spurred by fed-

(Over)

eral civil-rights complaints to the Department of Health and Human Services.

Based on this study, the *Access Limited* report made the following recommendations:

- NAADD will convene and staff a national coalition of individuals and organizations committed to improving access to substance abuse prevention and treatment services for people with disabilities. This *Access Unlimited* coalition will work collaboratively for three years to end discriminatory barriers to substance abuse services and to increase understanding in the disability community that prevention and treatment services are available and accessible.
- Lead federal substance abuse agencies, including the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention, should aggressively enforce the ADA and the Rehabilitation Act of 1973 as amended with regard to its programs and contracts.
- Individual state lead substance abuse agencies should aggressively enforce both these federal laws, as well as state civil rights statutes.
- All individuals and organizations that are concerned about access to substance abuse services for people with disabilities are encouraged to file formal regulatory complaints with appropriate local, state, and federal agencies. The above federal laws and state civil rights statutes all provide remedies for programs and services that violate these laws.

NAADD will work to implement and encourage the adoption of these recommendations. Our overarching goal is simple: equity in substance abuse prevention and treatment services for people with disabilities.

John de Miranda, EdM, is executive director of the National Association on Alcohol, Drugs and Disabilities, Inc., and was a member of the TIP 29 consensus panel. To receive the NAADD newsletter or to receive information about joining the Access Unlimited Coalition, contact him at 2165 Bunker Hill Drive, San Mateo, CA 94402-3801, 650/578-8047, jdem@aimnet.com.

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CSAT Unveils Treatment Resource

The Center for Substance Abuse Treatment has released No. 29 in its Treatment Improvement Protocol (TIP) series. *Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities* was created by a 15-member consensus panel of experts. The TIP is designed to provide treatment screening and planning information to substance abuse treatment professionals with little or no experience in treating people with physical, cognitive, or sensory disabilities.

The document urges professionals to:

- Examine their programs to eliminate barriers to treatment for people with disabilities, including attitudinal barriers; discriminatory policies; and architectural barriers.
- Train staff to understand functional limitations and the need to accommodate those who cannot adapt to treatment as usual.
- Determine when it is beneficial to integrate people with disabilities into existing treatment services and when specialized services may be needed.

The TIP outlines problems that must be addressed even within the same disability. For example, deafness alone does not indicate whether a client should be in a group with others speaking American Sign Language. This determination will likely depend on whether the client has been deaf from birth and grew up in deaf culture, or acquired his or her deafness more recently and prefers general programs using English.

TIP 29 includes an appendix outlining requirements for drug and alcohol treatment programs under the ADA, as well as innovative programs, case studies, and additional resources.

The new TIP (BKD288), 156 pp., is available free from the National Clearinghouse on Alcohol and Drug Information, 800/729-6686, 301/468-2600, or 800/487-4889 (TDD).

– John de Miranda

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Fact Sheet on Alcohol, Drugs, and Disability

The Problem

The devastating impact of alcohol and drug abuse to our society is well-documented. Recent estimates indicate that this problem costs the American economy in excess of $275 billion per year, and it impacts approximately 10% of our population.1 However, it is less understood that Americans with disabilities are at a disproportionately greater risk for encountering these problems. People with disabilities experience a number of risks which increase their chances for substance abuse to adversely impact their lives. These risks include: medication and health problems, societal enabling, a lack of identification of potential problems, and a lack of accessible and appropriate prevention and treatment services.2

In some cases, the prevalence rates for substance abuse among persons with disabilities are very alarming. Substance abuse prevalence rates approach or exceed 50% for persons with traumatic brain injuries,3 spinal cord injuries,4 or mental illness.5 This is in striking contrast to 10% of the general population.

- Persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations can be classified as heavy drinkers in approximately 40-50% of cases.6

- Persons with disabilities experience substance abuse rates at 2 - 4 times that of the general population.7

- Conditions such as deafness,8 arthritis, or multiple sclerosis9 have shown substance abuse rates of at least double the general population estimates.

Moreover, the major causes for disability in the U.S. are changing from medical etiologies to social and behaviorally-related conditions, increasingly involving complications such as substance abuse, violence, and poor mental health.10

Federal policy, legislation, program development, and resource allocation have lagged far behind this emerging issue.

- Substance abuse prevention, intervention and treatment services are not physically, attitudinally, cognitively, or financially accessible to persons with disabilities for a host of reasons.2

- Many persons with disabilities struggle with recurring substance abuse problems, nullifying efforts at rehabilitation, employment, and successful societal integration.11

- The economic costs associated with this situation are immense when considering governmental obligations in medical and vocational rehabilitation, education, job development, social security, and public assistance.12

National Impact

Education: There are over 5 million students in special education programs in this country, yet there are few substance abuse prevention programs or curricula which address these students' learning needs. While increasing numbers of special education students are main streamed with non-disabled peers, they also are exposed to peer pressure to use alcohol and other drugs at increasingly younger ages.13

Employment: It is estimated that 68% of adults with disabilities are not in the workforce, even though the majority would like to be.14 Substance abuse has been shown to play a significant role in this figure. For example nearly 1/3 of persons with mental retardation who chose to consume alcohol experienced job-related

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negative consequences from their use.15 A considerable issue when employment can be difficult to locate in the first place. It is estimated that approximately 1/4 of persons with disabilities in vocational rehabilitation programs experience a significant secondary problem with substance abuse, most often unidentified.16

Social Security Benefits: Between 1989 and 1993 the number of Social Security Disability Insurance (SSDI) beneficiaries under 30 years of age increased by 43%. It is projected that this will increase by 57% by 1998. Less than ´ of one percent of beneficiaries with disabilities leave the rolls to go to work.17 It is reported by several states that of the SSI Drug Addict and Alcoholic recipients who lost benefits due to the recent congressional actions, already 50-80% of the recipients have been redetermined to have another qualifying disability.

Health Care Costs: Hospital and other medical health care costs are very high for persons with disabilities. On average, untreated alcoholics incur general health care costs at least double those of non-alcoholics,18 and this disparity can exist for more than 10 years before entry into chemical dependency treatment.19 It has been estimated that at least $4.2 billion just for inpatient Medicaid hospitalizations could be associated with substance abuse-related costs. The rates and costs of alcohol-related hospitalizations among persons with disabilities are much greater than those for the general population.20

Disability and Rehabilitation Services: Disability related costs in the U.S. in 1991 were estimated to total more than $170 billion.21 Substance abuse is a major undermining factor in rehabilitation. Increasing numbers of persons are being diagnosed with more than one disability, and substance abuse or dependence is a common secondary diagnosis. One quarter of all vocational rehabilitation clients are estimated to experience substance abuse problems, yet federal policies and state guidelines do not uniformly require screening for this information during intake and rehabilitation planning. Similarly, hospital-based rehabilitation services do not routinely include substance abuse screening and service planning in their protocols, although 60% or more of persons who experienced a substance abuse-related injury return to abuse following rehabilitation.22

Alcohol and Drug Treatment: Persons with hidden disabilities such as mental illness, attention deficit hyperactivity disorder, and learning disabilities represent a substantial sub-population of persons with disabilities, and these conditions have been linked to higher rates of substance abuse. A study of convicted drunk drivers indicated that approximately 1/3 would qualify for government disability services - often based on undiagnosed or hidden disabilities such as head injuries, mental illness, or learning disabilities.23 Sensitivity to disabilities within the chemical dependency treatment community would increase treatment effectiveness and better address the needs of current clients. Substance abuse prevention and treatment when provided by trained professionals in accessible environments have proven to be effective in reducing drug and alcohol use, reducing health care costs, and increasing employment for most clients.24

A Call To Action

The last decade has seen great strides in addressing the civil rights of persons with disabilities, as evidenced by the passage of the Americans with Disabilities Act in 1991. On many fronts persons with disabilities are experiencing greater societal access and participation. Unfortunately, there continue to be perceptual, attitudinal, and physical barriers which jeopardize people with disabilities. Our contemporary understanding of substance abuse defines it as a complex bio-psycho-social process. People with disabilities face more risk factors and disenfranchisement than most other Americans in this regard. The tragedy is not that people with disabilities experience substance abuse - this

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condition impacts persons in every stratum of our society. Instead, the tragedy is that prevention, intervention, and treatment services continue to be inaccessible to persons with disabilities because of attitudinal, cognitive, and physical barriers. By continuing to hide or ignore this problem, we make it far worse, and more costly for everyone.

The National Association on Alcohol, Drugs, and Disability is calling for basic changes in how substance abuse and disability issues are considered.25 We are calling for the following changes:

- Federal agencies connected with substance abuse or disability issues must allocate resources commensurate with the scope of the problem. This should include the Social Security Administration (SSA), the Department of Health and Human Services (DHHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institutes of Health (NIH), and the Department of Education (DOE) including the Office of Special Education and Rehabilitation Services (OSERS) and the Centers for Disease Control and Prevention (CDCP).

- Managed care must be sensitive to the special needs of persons with disabilities, and additional federal guidelines are necessary in order to guarantee that persons with disabilities have the right to appropriate prevention and treatment services.

- Prevention services must be made accessible to persons with disabilities, both in the school system and in rehabilitation programs.

- Federal and state agencies associated with chemical dependency treatment must report the number of persons with disabilities who are served, those who are declined treatment, or administratively discharged due to disability-related issues.

- State agencies providing for chemical dependency, vocational rehabilitation, or mental health services must be required to address these shared issues in their annual planning and budgeting processes.

- Providers of rehabilitation services should routinely screen for substance abuse problems as one aspect of intake, not to exclude potential clientele but to better identify the array of rehabilitation issues requiring professional assistance.

- Providers of chemical dependency services should routinely screen for disability conditions in order to more effectively plan for substance abuse services.

- Disability constituency organizations and independent living centers need to be sensitive to this issue and educate their constituencies to the risks for substance abuse, while assisting community services to become more accessible to persons with disabilities.

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Perspectives

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NCADD New Jersey
Celebrating
20 years of service

PUBLIC POLICY

ISSUES

NAADD publishes history of state's unique response to treatment needs of deaf, disabled

Advocates for the rights of deaf, hard of hearing and disabled individuals in 49 states may now refer to a blueprint of New Jersey's unprecedented efforts, consummated in 1996 but begun long before, to provide addiction care to this long-underserved population. A case study of the New Jersey's Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled has recently been published by the National Association on Alcohol Drugs and Disability. The study recounts how the state positioned itself in the vanguard of providing addiction care to this population, with the hope that other states will use it as template for creating such programs that mirror the Garden State's.

"New Jersey Rules" is the heading that appears above NAADD Executive Director John de Miranda's foreword to the study, whose full title is "New Jersey Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled: From Advocacy to Access." The booklet details how an idea, joined with conviction and a firm understanding of the workings of the Legislature, evolved into a unique program that met a desperate need.

The initiative that became law in early 1996 was more than a decade in the making, the fruit of an exceptionally well-coordinated grassroots effort, one that began a decade earlier with New Jersey's Task Force on Alcoholism and the Hearing Impaired finding that a large number of deaf individuals were dying from alcoholism and drug addiction.

New Jersey's program created the only set-aside in the nation for addiction care for those who are deaf, hard of hearing or have other disabilities. Set-asides, as the case study states, can wind up being a double-edged sword in that they can leave administrators virtually no flexibility in the operation of their programs. In this case, the dedicated funding, earmarking $350,000 annually, guaranteed access to services for a population that had for so long gone wanting.

The language of the legislation was original for expressing the insight that there exists a "special vulnerability for substance abuse in people with disabilities." The wording of bill identified the problem of addiction counselors being ill-equipped to assist deaf or hearing impaired individuals or those who are disabled, and on the other side of the equation, of rehabilitation centers and professionals often being without the tools necessary to recognize the signs of alcoholism or other drug addiction.

How the bill departed from anything done previously was in its not allocating funds for specific services, but instead introducing systemic changes in the state's alcohol and drug treatment infrastructure. Rather than simply create treatment beds, an advocacy network was established to implement a needs-based action plan. An Advisory Committee was established to make spending recommendations to the assistant commissioner of the Division of Addiction Services.

The information compiled for the document was gathered through an extensive interviewing process of those individuals most responsible for the measure, including NCADD-NJ's John Hulick. The interviews were conducted by Nancy Ferreyra with Harilan Russo. The study was underwritten by the Robert Wood Johnson Foundation.

ALCOHOLISM & DRUG ABUSE

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News for policy and program decision-makers. Weekly ISSN 1042-1394

Report highlights N.J. success in funding care for disabled

When New Jersey enacted Public Law 1995, Chapter 318 seven years ago, it not only created the first "set-aside" state funding in the country for substance abuse services for people with disabilities; the groundbreaking law signaled the culmination of nearly 15 years of advocacy efforts.

The National Association on Alcohol, Drugs and Disability Inc. (NAADD) has documented those efforts in a case study released this month, which describes the history of the legislation and how local task forces and workgroups have worked for several years in communities across the country to make substance abuse services accessible to persons with disabilities.

"The story of how Public Law 1995 came to be is a terrific example of grassroots organizing and how people with passion and commitment can make a difference," wrote John de Miranda, NAADD executive director, in a forward to the study, entitled *New Jersey Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled: From Advocacy to Implementation.*

The law, which passed in January 1996, called for $350,000 to be earmarked annually to create and guarantee accessible substance abuse prevention and treatment programming. Although several states have had strong advocacy movements on the issue of set-aside funding for substance abuse services, to date no other states have secured this type of funding for people with disabilities, the study said.

"The $350,000 in dedicated funding is just a part of the more total financial commitment that the [New Jersey] Division of Addiction Services has for people with disabilities," John Hulick, director of public affairs and policy for the New Jersey chapter of the National Council on Alcoholism and Drug Dependence (NCADD), told *ADAW*. "The division is very progressive. It uses the $350,000 but adds to the services the dedicated funds purchase through the use of federal block grant resources."

According to NAADD, there is growing evidence that people with deafness, hearing loss or other disabilities are at greater risk of being involved with alcohol or other drugs.

The legislation indicated that few professionals who work with persons with disabilities are adequately prepared or trained to identify or address signs of substance abuse.

Advisory committee

A key program element of the legislation called for the establishment of a program advisory committee to advise the commissioner of the New Jersey Department of Health and Human Services.

"We're very pleased that the program advisory committee was part of the legislation," said Hulick. "It was a real empowering piece. The advisory committee made a special effort to address people with disabilities and have influence and say over what the program will ultimately look like."

According to Hulick, the advisory committee and the Division of Addiction Services worked "hand-in-hand" on such projects as a statewide needs assessment; grant initiatives; and requests for applications.

Set-aside funding

The study explains why a set-aside is identified as a significant step and practical solution in ensuring that the substance abuse needs of persons with disabilities are met. Some advocates have argued that earmarked funding is the only truly enforceable method for guaranteeing access to services. Without it, they say, there is a constant challenge to ensure that special populations receive the services they need.

The study adds that opinions on this issue among advocates differ, however. Some have felt that providing separate services is a way to segregate people with disabilities and deny them access to services with more substantial funding.

The study highlights some of the initial hurdles and lack of coordination between the deaf and disability communities. Most deaf people, according to the study, did not identify themselves as having a disability and some wanted to avoid the stigma of having the label of disability.

According to the study, the group began to work well together and through open communication began educating one another and putting their differences aside.

Blueprint for states

The case study serves as an instructional piece for groups and individuals working in substance abuse, disability and related fields to replicate in their respective communities and states.

According to de Miranda, the case study is "a story that stands as a challenge to other states to take substantive action to meet the treatment needs of citizens with disabilities."

According to the study, several elements remain critical to New Jersey's success with the legislation, including forming a broad, representative coalition; educating all parties on the importance of the issue to garner support; finding a local legislator sympathetic to the cause; and identifying someone in the movement acquainted with the legislative process.

For more information, or to obtain a copy of *New Jersey Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled: From Advocacy to Implementation*, visit www.naadd.org; call (650) 578-8047; or e-mail solanda@sbcglobal.net

Perspectives

A journal on **ADDICTION RESEARCH & PUBLIC POLICY**

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VOL. 12, NO. 6

NCADD New Jersey

NJ in study on disabled and addictions

John de Miranda, a national authority on addiction and disability, has included New Jersey in a four-state study of addiction treatment for the disabled that's been underwritten by the Robert Wood Johnson Foundation in Plainsboro Twp.

New Jersey was included in the project because of how "far along the road" it is in studying the treatment needs of alcoholics and addicts who also have disabilities.

The foundation awarded de Miranda's organization, the National Association of Alcohol, Drugs and Disability (NAADD), $622,000 over three years, he said, "to work with selected states who want to move the needle" on addiction treatment for the disabled. The other states involved are Florida, Ohio and Oregon.

The money NAADD received will be spent on providing expertise, not grants, to the four states involved in the study project. That expertise will include training, technical assistance and consultations.

Because New Jersey already has done a needs assessment and earmarked some funds for improving treatment for people with disabilities, de Miranda's efforts in the state will center on writing a case study of the legislation resulting from New Jersey Alcohol, Tobacco and Other Drugs Services for People with Disabilities, a report prepared by Dr. Rebecca A. Clark for the state Department of Health and Senior Services and the Governor's Council on Alcoholism and Drug Abuse.

In addition, the Division of Addiction Services will publish the case study as a monograph because "we think the other 49 (states) need to hear that dedicated money is needed, as New Jersey has done," de Miranda said. "We need to show how legislation from the grass roots can bring change. We'll take the good work already done here (in New Jersey) and show others what they can do."

De Miranda envisions "setting up New Jersey for more grants and building on what's been going on."

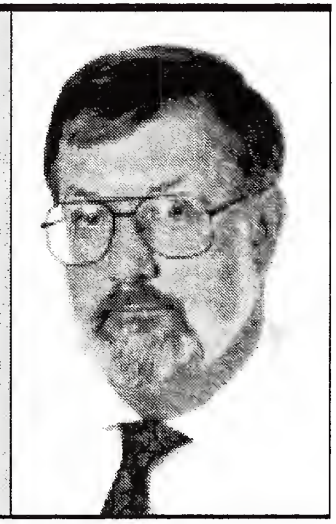
He said the federal Substance Abuse and Mental Health Services Administration is "beginning to acknowledge that it needs to do more in this area, and dedicated funding should be coming."

The National Association on Alcohol, Drugs and Disability is located at 2165 Bunker Hill Drive, San Mateo, CA 94402. The phone number is 650,578-8047 and the Web address is www.naadd.org.

Additional information about de Miranda's work is available in an op-ed article, We Must Move from Disease Concept to Disability Model, published in the Sept. 24 issue of Alcoholism and Drug Abuse Weekly.

"We need to show how legislation from the grassroots can bring change. We'll take the good work already done here (in New Jersey) and show others what they can do."

~ John deMiranda, addiction/disability expert



OHIO ODADAS Update

Department of Alcohol & Drug Addiction Services

SUMMER 2001

Bob Taft, Governor

Luceille Fleming, Director

Nation Looks to Ohio for Insight on Alcohol, Drugs and Disability

Ohio is participating in the National Access Project funded through a grant from the Robert Wood Johnson Foundation to the National Association on Alcohol, Drugs and Disability (NAADD). The effort is focused on improving access to alcohol and drug prevention and treatment services for people with disabilities. ODADAS is one of four select state alcohol and drug agencies that have partnered with NAADD in this historic effort.

The project calls for the development of a stakeholder coalition, which held its inaugural meeting in May. Dr. Dennis Moore from the Research and Training Center on Drugs and Disability talked about the incidence and prevalence of alcohol and drug problems and co-existing disabilities among Ohioans. He estimates that there may be more than 100,000 individuals in need of services.

John de Miranda, executive director of NAADD, said the project includes a statewide accessibility survey of treatment providers. Plans also call for specialized training and consultation to treatment providers as well as disability agencies to improve identification and service delivery.

The project is expected to last several years and will include a dissemination component to bring findings from Ohio to other states seeking to improve access for people with disabilities. A second meeting is scheduled for the fall. For more information about the project, contact ODADAS Special Populations Unit Manager Shari Aldridge at (614) 752-8330.

ODADAS Director Luceille Fleming presents a certificate of appreciation to U.S. Rep. Rob Portman (2nd District - Cincinnati), at a June 24 reception honoring the Coalition for a Drug-Free Greater Cincinnati for five years of outstanding community service. Portman, author of several drug demand reduction bills, spearheaded the coalition's creation in 1996.

Findings
Serving Patients, Saving Families
BETTY FORD CENTER
Fall 2002 News from the Betty Ford Center and a Report on Significant Developments in Research on Addictive Diseases Vol. 5 / No. 3

Alcoholism, Addiction and Disability: the Disconnect

GUEST EDITORIAL BY JOHN DE MIRANDA
National Association on Alcohol, Drugs and Disability

Ask a dozen recovering alcoholics and addicts if they have a disease and 10 or more will likely answer, "yes." Ask again if they have a disability and you will get a dozen blank looks.

I have repeated this experiment many times, always with the same results. However, if disease is the primary identifying label of alcoholism and addiction, disability is certainly the flip side of the same coin.

Unlike disease, which is defined in terms of individual pathology, disability is described in terms of functional limitation. A person is disabled if they are unable to perform one or more of the activities of daily living such as working or self-care. During the active stage of their disease alcoholics and addicts easily fall into this categorization. Congress and the courts have recognized this reality, and wisely included alcoholics and addicts within the provisions of disability rights legislation such as the Americans with Disabilities Act of 1990 and the Rehabilitation Act which is up for reauthorization.

The need for legal disability protections continues into a person's recovery because of the often-virulent discrimination that recovering individuals face.

In addition to understanding the disability component of alcoholism and addiction the treatment and recovery community would do well to increase its sensitivity to the more than 5 million Americans with a physical, sensory or cognitive disability who are also suffering from drug and alcohol problems. Many of these individuals are unable to access care despite federal and state requirements that people with disabilities be accommodated.

Steve Towle, a quadriplegic veteran and recovering addict/alcoholic, recently recounted the difficulties he encountered in his efforts to seek treatment. His contacts with dozens of treatment programs, national 12 step organizations, federal agencies and two governor's offices resulted in 100% failure to find an accessible program.

"At this point, I gave up. I wasn't sure I wanted to work so hard to get sober anyway," he remembers. "Ultimately, it was not the 'system' that helped me get and stay sober; I had no help from the treatment community. No one helped me but my friends and luck and desperation and my higher power." (Read Steve's full account at (www.naadd.org – "Advocacy.")

If you are interested in learning more about the alcoholism, addiction and disability connection contact us at: National Association on Alcohol, Drugs and Disability, Inc., 2165 Bunker Hill Drive, San Mateo, CA 94402-3801; 650-578-8047; fax: 650-286-9205; e-mail: solanda@sbcglobal.net

Alcoholism, Addiction, Disability & Discrimination

John de Miranda, Executive Director, National Association on Alcohol, Drugs and Disability

The Alcohol, Drugs and Disability Connection

The legal protections for alcoholics and addicts (active or in recovery) derive exclusively from disability rights legislation. There is no "Americans with Addictions Act."

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The Rehabilitation Act of 1973

Disability defined:

"A physical or mental impairment that constitutes or results in substantial impairment to employment, or that substantially limits one or more major life activities."

Copyright 2002 NAADD

San Francisco 504 Demonstration, 1977

Copyright Anthony Tusler

Section 504

"No otherwise qualified handicapped individual in the United States…shall solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

Copyright 2002 NAADD

Americans with Disabilities Act

Disability defined: A person who has

- A physical or mental impairment that limits one or more major life activity
- A record of such an impairment
- Is regarded as having such an impairment

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Major Life Activities:

- Personal care tasks
- Speaking
- Breathing
- Thinking
- Learning
- Working
- Manual tasks
- Walking
- Seeing
- Hearing

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Alcoholics & Addicts

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Alcoholics, Addicts with a Disability

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Relevant Case Law

- Alaska v. Exxon
- EEOC v. Exxon
- Hernandez v. Hughes Aircraft Sys. Co.

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Trends in the Law and Public Policy

- When does recovery start?
- Who is covered (no active illicit drug users)?
- Loss of SSI benefit for addiction
- "Correcting" a disability

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Anti-discrimination Initiatives

- Join Together / American Bar Association Policy Panel
- National Council on Alcohol and Drug Dependence
- Local efforts

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The Alcohol, Drugs and Disability Connection

"The alcohol and drug field's public education efforts have focused on trying to convince policymakers and the public that addiction is a disease. The results of these attempts have been mixed, and the time has come to consider shifting efforts to the disability paradigm."

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Addicted, Disabled, Recovering

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From the Field

by John de Miranda, Ed.M.

Discrimination against drug addicts and alcoholics persists

(*First in a series*)

Former CNN anchor Susan Rook thought she had the job when she met with the firm's chief executive for a final interview. The company had aggressively recruited her for a senior management position, because of the quality of her previous freelance work for the firm. During the earlier period and in the interviews leading up, she had been open and matter-of-fact about her recovery from alcohol and drug addiction. This last interview was largely a formality, as she had been offered the position, had agreed on compensation and knew her start date.

> *"If I had known then, what I know now, I would have filed a lawsuit."*
>
> **Susan Rook**

At an appropriate point in the discussion, Rook broached the subject with her new boss: "Do you have any questions about my recovery?"

She knew something was awry when the man's jaw dropped. His next questions confirmed the worst: "What do you mean you're in recovery? Recovery from what?"

When she responded that she was an alcoholic and addict in recovery, the CEO's final comment sealed her fate. "What makes you think that we would ever want someone like you to represent our company?" The interview was over. The job offer was withdrawn.

The events occurred several years ago. At the time, Rook had been clean and sober for about two years. Although she felt that she had been discriminated against, she decided not to pursue the matter on the advice of friends who convinced her that to do so might jeopardize her sobriety.

They also counseled that she should expect this kind of treatment because recovering folks lacked credibility. Rather than complain, she should get used to being a second-class citizen, and move on.

Today, Rook is the public affairs director for StepOne, a treatment program in Winston-Salem, N.C. She is also active in the national recovery community mobilization that is under way. Her perspective on the behavior of the CEO has changed dramatically over the ensuing years.

"If I had known then, what I know now, I would have filed a lawsuit," she says.

"At the time, as new as I was to recovery and ignorant about my rights as a person with a disability, I tended to agree with him that I had overstepped. Even though I believed that my overcoming adversity most recommended me as a citizen, an employee, and a person, I wasn't prepared to argue the issue.

"In that one comment, however, he wiped away all the work that I had done. I was devastated. Since then I have learned that there are a lot of people going through similar experiences. Mine was not an isolated instance. Discrimination against us is systemic. It's part of the fabric of our society.

Rook adds, "Standing up for your rights, however, is not for the faint-of-heart. To file a lawsuit runs the risk of revictimizing the victim. I tend not to give advice on this issue. To stand up or stay quiet really depends on a person's circumstances and inner resources."

The civil-rights protections afforded alcoholics and addicts are embedded in federal laws such as the Americans with Disabilities Act of 1990 (ADA). The strength of these protections has been eroded in recent years as a result of court decisions and the lack of a strong constituency advocating the rights of addicts and alcoholics.

Part two of this series will discuss the current weakened state of legal protections. Part three will focus on what individuals and organizations are doing to reverse this disturbing trend.

John de Miranda, Ed.M., is executive director of the National Association on Alcohol Drugs and Disability Inc., 2165 Bunker Hill Drive, San Mateo, CA 94402-3801; phone (650) 578-8047; fax (650) 286-9205; e-mail jdem@aimnet.com. The opinions expressed are those of the author and not necessarily the organization he represents.

Reprinted from the Feb 11, 2002 edition of *Alcoholism and Drug Abuse Weekly*

From the Field

by John de Miranda

Legal protections for addicts and alcoholics eroding

(Second in a series)

The passage of the Americans with Disabilities Act of 1990 (ADA) signified the expansion of legal protections for all categories of people with disabilities, except one. Drug-addicted individuals who are current illegal drug users find no haven in the ADA's protections; they are neither "qualified" nor "disabled" under the law.

This represented a reduction from prior law in protection against discrimination, because the original Rehabilitation Act defined illegal drug abuse as a protected disability.

This loss of protections occurred because people in recovery and addiction leadership organizations were largely absent from the coalition of organizations and individuals that pushed for passage of the ADA.

Another discriminatory "hit" suffered by our field in recent years was the removal of alcoholism and addiction from coverage as a disability under Social Security. Again, our lack of a constituency with political muscle was to blame.

Protections are also eroding in two other important areas, according to Paul Samuels at the Legal Action Center.

Courts are increasingly disposed to remove protections from individuals whose "disability" can be corrected through assistive technology or behavioral modification.

For example, some courts have found that if a person's vision is correctable to normal range through contact lenses or eyeglasses, the disability no longer exists and the need for legal protections disappears.

While this might not be cause for alarm among people with vision impairment, for conditions that still carry a major stigma such as alcoholism the legal protections may be needed long after the person is clean and sober. People well into recovery can still be discriminated against, as was former broadcast journalist Susan Rook, the subject of the first article in this series (see *ADAW*, Dec. 17, 2001).

The other area worth worrying about concerns the point at which illegal drug use no longer acts as a barrier to disability status.

For most in the addictions field, one's new status as a clean and sober person begins the day after the last substance use. Not so for some courts, which believe that weeks and even months of non-use may be necessary to create the disability status of "former illegal drug user."

The inequity here is significant.

Imagine a person with some other disability such as spinal cord injury having to demonstrate an inability to walk for six months before he or she could be covered by entitlement programs or enjoy legal protections against discrimination.

Discrimination is a real concern for people in recovery. In October 2001, Peter D. Hart Research Associates conducted the first random national survey of people in recovery from alcohol and drug addiction under contract to The Alliance Project.

Of the 250 survey respondents, 12 percent reported that they personally had been denied a job or promotion, and another 12 percent had been denied insurance coverage or had paid a higher premium because of their recovery.

Efforts to build a recovery movement must address discrimination and the need to strengthen protections for addicts and alcoholics through public policy.

Within the disability rights community, advocates are considering the introduction of legislation that would strengthen the ADA and increase protections against discrimination afforded people with disabilities.

It is imperative that addiction field leadership organizations and the nascent recovery movement align with the larger disability movement and place anti-discrimination legislation high on their political and policy agenda.

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Reprinted from the April 8, 2002 edition of *Alcoholism and Drug Abuse Weekly*

From the Field

by John de Miranda

New initiatives to fight discrimination

(Third in a series)

Previous articles in this series detailed an example of employment discrimination and discussed the erosion of legal protections afforded alcoholics and addicts by the Americans with Disabilities Act (ADA) of 1990. That the issue of discrimination is important to people in recovery was also highlighted by results of a national poll undertaken by The Alliance Project.

The persistence and depth of discrimination experience by alcoholics and addicts is an affront to all who work in the field. If we are to make further inroads with policymakers and the public, stigma and discrimination must be erased from American culture.

We bear a collective responsibility to strive for this goal. Fortunately, there is some light on the horizon.

The new administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA) has taken up the banner of justice for addicts and alcoholics. Meeting recently with members of the National Association on Alcohol, Drugs and Disability (NAADD), Charles G. Curie identified fighting discrimination and reducing stigma as one of the cross-cutting principles the agency will use to focus its goals of accountability, capacity and effectiveness.

At the same meeting, Steve Towle, board member of the National Spinal Cord Injury Association, recounted to SAMHSA officials the discrimination he experienced in seeking treatment for his addiction. "As a veteran you would expect treatment to be readily available to me, but as a person with a spinal cord injury who uses a wheelchair, doors were closed." Recounts Towle: "We contacted thirty-two programs in Virginia and Maryland but could not find a single inpatient program that was wheelchair accessible and allowed for personal assistance services."

In response, Curie agreed to a series of steps to strengthen protections for addicts and alcoholics with co-existing disabilities, including investigating ADA compliance monitoring with the U.S. Department of Health and Human Services Office for Civil Rights, and including specific references to people with disabilities in SAMHSA's official communications.

Two other national efforts are underway to combat discrimination. Join Together, in cooperation with the American Bar Association, is planning a national policy panel focusing on discrimination. Previous Join Together policy panels have dealt with important issues for the field including health care reform and linkages with the criminal justice system.

> *The bad news is that we still have to fight this fight. The good news is that our people and organizations are willing to roll up their sleeves.*

Spokesperson Robert Leis states that the panel will hold public hearings, engage in a robust deliberation process and issue recommendations to strengthen responses to discriminatory practices. Join Together has been collecting stories of discrimination on the "Speak up!" section of its Web site (www.jointogether.org).

The National Council on Alcohol and Drugs Dependence (NCADD) is also planning an anti-discrimination effort that will engage local affiliates to hold community forums on the issue. NCADD president Stacia Murphy sees this effort as a continuation of the organization's longstanding tradition of advocating for the rights of alcoholics and addicts. "Affiliates have told us that discrimination and stigma are problems, and we are responding. Our governing board is very supportive of the need to lead in this area."

The bad news is that we still have to fight this fight. The good news is that our people and organizations are willing to roll up their sleeves.

John de Miranda, E.D., is executive director of the National Association on Alcohol, Drugs and Disability Inc., 2165 Bunker Hill Drive, San Mateo, CA 94402-3801; phone (650) 578-8047; fax (650) 286-9205; or e-mail at solanda@sbcglobal.net. The opinions expressed are those of the author and not necessarily the organization he represents.

From the Field

by John de Miranda, Ed.M.

Improving addiction treatment means quality *and* accessibility

Within the past six months a number of national initiatives have rolled out that focus on the quality of addiction treatment. This trend has direct applicability to the 54 million Americans with disabilities, as well as millions more with less severe functional limitations.

For some time, the need to increase treatment capacity has been on the addiction field's radar screen, as well as the importance of improving the connection between research and practice. Improving the quality of treatment and using quality-improvement strategies are the latest manifestations of the re-engineering of the treatment enterprise.

Through the leadership of Senior Program Officer Victor A. Capoccia, Ph.D., the Robert Wood Johnson Foundation developed the innovative Paths to Recovery program that will make grants available to create treatment improvement laboratories (see *ADAW*, Nov. 4, 11, 18 and 25, 2002). Using process improvement techniques that have been applied successfully in other health care settings, the effort has twin goals of increasing admissions and retention rates. Eventually, process improvement tools and quality lessons will be disseminated to the national treatment system.

Following the foundation's lead, the federal Center for Substance Abuse Treatment (CSAT) has announced a $2.5 million initiative, the Practice Improvement Collaborative Program. This grant program extends the "Commit to Quality" emphasis of the National Treatment Plan Initiative *Changing the Conversation: Improving Substance Abuse Treatment*.

Similarly, Join Together has convened a panel of distinguished professionals focused on treatment quality improvement. The panel is currently accepting testimony to develop recommendations to "define quality treatment, produce increased urgency about the abundance of poor treatment and recommend broad community strategies for improving the effectiveness of treatment through quality improvement" (see *ADAW*, Jan. 27).

All of these efforts are commendable, but unless there is a realization that physical and cognitive accessibility are fundamental to high-quality treatment, their activities will only reinforce the status quo that denies treatment to people with disabilities or generates treatment failures through lack of attention to clients with functional limitations.

Some examples:

- A nationally recognized treatment program that requires all prospective clients to be "ambulatory," a violation of the Americans with Disabilities Act (ADA).
- Huge searchable databases of treatment programs that fail to identify programs for mobility-limited, blind or deaf individuals.
- Providers who fail to identify "hidden" disabilities and functional limitations that directly affect treatment receptivity, such as low back pain, mild cognitive impairments, and communications limitations.

Despite federal and state disability rights laws, daily we at the National Association on Alcohol, Drugs and Disability hear the stories of individuals who are treatment rejects and failures. Yesterday it was a wheelchair user in Oakland, Calif. who needed a residential program, last week it was a young woman with mental retardation in San Diego, and last year it was Air Force veteran Steve Towel, a quadriplegic who contacted literally dozens of treatment programs in Maryland, Virginia and Washington, D.C., before landing in the emergency room of a general hospital.

"It was not the 'system' that helped me get and stay sober; I had no help from the county or state," Towel said. "No one helped me but my friends, luck, desperation and my higher power. People with disabilities need access to high-quality drug and alcohol treatment, just like anyone else."

The current quality-improvement trend is an exciting innovation that has the potential to fulfill the promise of accessible alcoholism and drug addiction care for Americans with disabilities. Creating treatment systems that are fully accessible for *all* Americans should be an integral component of these quality-improvement efforts.

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The following article appeared in the September 24, 2001 issue of *Alcoholism and Drug Abuse Weekly*

From the Field

by John de Miranda

We must move from disease concept to disability model

Is alcoholism a disease? Is drug addiction a disorder? What do we mean by "abuse"? While such questions continue to bedevil the alcohol and drug problems field, the simple fact that alcoholism and addiction are legally considered disabilities continues to elude us.

In the early 1970s, a profound revolution occurred that would change how America viewed people with disabilities. The old paradigm focused on the pathology itself and a person's deficiencies; the new model defined disability as a civil-rights issue delineated by an individual's access to the community. This redefinition was led by disability activists who staged protests, rallies and occupations to reject their second-class citizenship.

Alcoholics and addicts were incorporated into this because of the inclusive nature of the movement's philosophy. With a few exceptions, the alcohol and drug field did not actively participate in the effort to pass legislation such as the Americans with Disabilities Act (ADA). We were fighting other battles at the time.

If a recovering person is discriminated against for any reason, his or her ability to redress this rests solely on the ADA, or, if the discriminating entity is a recipient of federal funds, the Rehabilitation Act of 1973. (Most states also have disability legislation that reinforces the ADA.) The disability status exists because the individual's alcohol or drug use creates an "impairment that substantially limits one or more major life activities such as working, personal care, thinking or learning."

The alcohol and drug field's public-education efforts have focused on trying to convince policymakers and the public that addiction is a disease. The results of these attempts have been mixed, and the time has come to consider shifting efforts to the disability paradigm.

Dennis Moore, director of the Rehabilitation and Research Training Center on Drugs and Disability at Wright State University, participated in developing the federal Center for Substance Abuse Treatment's (CSAT) National Treatment Plan initiative as a member of the panel addressing stigma. "It was clear during the course of our deliberations that the concept of placing addiction under the rubric of disability was foreign to panel participants; however, we did recognize that the functional impairments caused by addiction qualified as a disability, and that the disability does not disappear when sobriety is achieved," said Moore.

"In addition, there is a growing body of research indicating that a sizable portion of individuals entering substance use disorder treatment have multiple impairments that limit their involvement in community life," he said.

The alcohol, drug and disability connection also has implications for our efforts to fight the NIMBY (Not in My Back Yard) syndrome. President Bush earlier this year announced the New Freedom Initiative in response to the Supreme Court's Olmstead decision, which reaffirms the importance of access to community life for all people with disabilities. In keeping with the intent of this initiative, treatment for individuals disabled by alcoholism and drug addiction should be sited in all parts of the nation's communities because our clients are entitled to receive services in the least-restrictive setting.

At the recent National Listening Session held in Washington, D.C., to glean consumer input for the New Freedom Initiative, members of our board and I gave testimony about the alcohol, drug and disability connection. Deb Larson and J.R. Harding spoke about how the disability of addiction intertwines with their other disabilities: traumatic brain injury and paraplegia. Ironically, Larson now directs the treatment program (Granda House in Allston, Mass.) that initially refused to admit her because of her disability.

The passage of the ADA and its widespread support among our nation's citizens reflects how the body politic has come to accept people with disabilities as one of the largest constituency groups within our society. By linking our efforts with the 55 million Americans with disabilities, we can benefit from this acceptance.

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From the Field by John de Miranda & Nicole Annaloro

Grant allows disabilities project to move forward

The issue of access to alcohol and drug services for people with disabilities has been creeping up on the national radar screen for 15 years. With the recent award of a grant from the Robert Wood Johnson Foundation to the National Association on Alcohol, Drugs and Disability Inc. (see *ADAW*, Sept. 4), access to care and compliance with civil-rights requirements should finally become important issues for state and national policy-makers.

NAADD board member Justin Dart, widely acknowledged as the father of the Americans with Disabilities Act (ADA), underscores the alcohol and drug problems facing the disability community. "We have been working hard to spread the word that people with disabilities can develop substance abuse just like everyone else. Addiction is an equal-opportunity problem. What's not equal, however, is our access to recovery services."

With this grant, the National Access Project (NAP) will initiate a succession of interventions to improve the responsiveness of the national substance abuse services infrastructure to the needs of people with disabilities. A small group of states, selected partly because of a demonstrated willingness to improve access, will receive an unprecedented level of training and technical assistance to increase the physical and programmatic accommodation of people with disabilities.

This initiative is an outgrowth of our study, "Access Limited, Substance Abuse Services for People with Disabilities: A National Perspective" (see *ADAW*, Nov. 2, 1998), which found that many treatment and prevention agencies lacked the necessary skill and technical devices to accommodate the needs of people with disabilities.

For example, we found that many treatment providers did not have telecommunications devices for the deaf (TDDs), on-site handicap signage, or educational materials for clients with cognitive impairments. As a response, we invited participation from programs interested in working to improve access. To date, more than 100 organizations have joined the national Access Unlimited Coalition.

Although our efforts are focused on a limited number of states, it is anticipated that the lessons learned will affect other states. This initiative will serve as a demonstration template for other jurisdictions.

Interventions will focus on four key areas:

- **Technical assistance to selected states** — specialized on-site consultation utilizing a technical-assistance model pioneered in California. In addition, needs assessments will be conducted, epidemiological projections will occur, and strategic action plans with recommendations for systems improvements will be instituted.
- **Professional training** — we will provide introductory and advanced specialized training to substance abuse and disability service providers to enhance skills and to identify and disseminate best practices.
- **National policy development and advocacy** — this is designed to increase the participation of people with disabilities in national private- and public-sector substance abuse collaboratives.
- **Communications** — a robust strategy to disseminate project findings to both disability and substance abuse national constituencies and leadership organizations will be developed.

The Ohio Department of Alcohol and Drug Addiction Services has agreed to be a partner in this effort to improve access to services for people with disabilities. Director Luceille Fleming believes that NAADD's assistance can help the state achieve an unprecedented level of access in the future.

"We have made solid strides in the areas of access for people who are deaf and hard of hearing and traumatically brain-injured," Fleming states, "but there is more work remaining. We are pleased that an organization with the stature of the Robert Wood Johnson Foundation has prioritized this issue and look forward with great enthusiasm to our newest partnership."

We have been heartened by the number of organizations that have stepped forward to support this effort. If you are interested in learning more, please contact us.

John de Miranda, Ed.M., and Nicole Annaloro are staff members at the National Association on Alcohol, Drugs and Disability Inc., 2165 Bunker Hill Drive, San Mateo, CA 94402-3801; phone (650) 578-8047; fax (650) 286-9205; or e-mail at jdem@aimnet.com.

Subscribe to ***ADAW*** for $499 (individual) or $619 (institutions). *ADAW* covers the information needs of professionals in addiction services. To order call 800/333-7771 or fax 401/861-6370. Checks are payable to: Manisses Communications Group, Inc., P.O. Box 9758, Providence, RI 02940.

Reprinted from *Alcoholism and Drug Abuse Weekly*, Nov. 2, 1998.

From the Field **by John de Miranda**

Addiction clients with disabilities are a forgotten population

When Congress enacted the Americans with Disabilities Act (ADA) at the start of this decade, the legislation promised full access to all aspects of contemporary life for people with disabilities. But a report to be published this month by the National Association on Alcohol, Drugs and Disability Inc. suggests that the alcohol and drug problems field still has a long way to go to fulfill that promise.

Access Limited: Substance Abuse Services for People with Disabilities — A National Report was conceived this summer out of NAADD members' frustration that national substance abuse organizations appeared to care little about the treatment and prevention needs of people with disabilities. According to NAADD president Al Buss, "While we are on people's radar screen, we are low on the horizon and often get lost in the background. People who would never ignore the interests of Hispanics, women or African-Americans routinely forget about us. The fact that people with disabilities are an enormous population group, some 41 million souls, is a well-kept secret."

The NAADD report estimates that almost 6 million persons with disabling conditions also have a co-existing substance abuse problem. Obstacles to recovery result in poor rehabilitation outcomes; unemployment and underemployment; and unnecessary reliance on entitlement programs such as Social Security.

Many of these individuals are unidentified in traditional addiction treatment settings. The report cites a study of convicted drunk drivers that found that approximately one-third would qualify for government disability services based on undiagnosed or hidden disabilities such as head injuries, mental illness or learning disabilities. In addition, people with co-existing disabilities to substance dependence have been found to represent more than 20 percent of the total chemical dependency treatment census.

Some of the report's findings include:

- In California, 12 of 15 treatment providers listed in the state alcohol and drug agency's directory as having a telecommunications device for the deaf (TDD) did not, an insurmountable barrier for a deaf person seeking treatment.
- In Arizona and Michigan, the state alcohol and drug agencies have no system in place to track clients with disabilities and no on-site inspection mechanism to verify providers' accessibility or compliance with state and federal mandates.
- Among five publicly funded treatment and prevention programs in Massachusetts that were selected for on-site inspections, only two had a TDD, only one had handicap signage and only one had educational materials for clients with cognitive impairments.
- In Wisconsin, none of the 702 providers listed in the state substance abuse services directory had a TDD-accessible phone number.
- The two states in which the most progress toward full accessibility had been made were both spurred by federal civil-rights complaints to the Department of Health and Human Services.

Nancy Ferreyra, a NAADD board member and newly appointed member of the Center for Substance Abuse Prevention's National Advisory Council, welcomes the opportunity to bring a strong advocacy message to Washington. She says officials ranging from Sen. Edward Kennedy (D.-Mass.) to the new director of the Center for Substance Abuse Treatment have agreed to meet with advocates for persons with disabilities.

"It's a travesty that millions of public dollars are funding programs that are out of compliance with the ADA, and a field that is supposedly dedicated to helping folks is not helping those who may need it the most," Ferreyra said. "One of our objectives is to enlist the assistance of elected officials and disability-rights organizations in seeking appropriate remediation of this sorry state of affairs."

John de Miranda is executive director of the National Association on Alcohol, Drugs and Disability Inc., 2165 Bunker Hill Drive, San Mateo, CA 94402-3801; phone (650) 578-8047; fax (650) 286-9205; or e-mail at jdem@aimnet.com. He is also vice president for program services at YOUTH POWER. The opinions expressed in this column are not necessarily those of the author's employers.

Special Offer. Subscribe to *ADAW* or $377 (individual) or $397 (Institutions). *ADAW* covers the information needs of professionals in addiction services. To order call 800/333-7771 or fax 401/861-6370. Checks are payable to: Manisses Communications Group, Inc., P.O. Box 9758, Providence, RI 02940.

Board of Directors Biographical Information

National Association on Alcohol, Drugs and Disability, Inc. (NAADD)

Michael Nelipovich, Rh.D., President, directs the Wisconsin Office for the Blind. He has published on the subject of blindness and substance abuse, and recently provided consultation to the vocational rehabilitation agency of Florida to improve its ability to provide services to substance abusers with co-existing disabilities. Mr. Nelipovich is blind and utilizes the services of a seeing-eye dog.

Shane Koch, Rh.D., CRC, LCDC, AAC, Vice President/Secretary, is a Professor in the Department of Rehabilitation and Social Work at the University of North Texas.

Dale Chadwick, MBA, Treasurer, is an independent consultant based in Boston, Massachusetts.

Elmer "Al" Buss, President Emeritus, is recently retired from the Wisconsin Department of Health and Family Services, Division of Supportive Living, Bureau of Substance Abuse Services. Mr. Buss is a quadriplegic in recovery from a substance abuse problem.

James Billy, Ed.M., formerly directed the Harlem Independent Living Center and is currently Branch Chief of Independent Living Services at the federal Department of Education.

Ralph Edwards, MPH, MPA, is Director of the Office of Citizen Leadership at the Massachusetts Department of Mental Retardation.

Debra Guthmann, Ed.D., is currently the Director of Pupil; Personnel Services at the California School for the Deaf, Fremont where she oversees all clinical services including: counseling, assessment and health services. In addition, Debra is the Project Director for two Long Term Training Grants located at the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals provided through the Office of Special Education and Rehabilitation Services.

J.R. Harding, Ed.D., was featured in the documentary *JR's Story the Disability of Chemical Dependency.* He is the Community Relations Manager for the Florida Occupational Access and Opportunity Commission. He is a quadriplegic and uses a wheelchair.

Harry Kressler, MA, serves as the Executive Director for the Pima Prevention Partnership (PPP), a private non-profit community agency advocating for people with disabilities and other underserved groups in metro Tucson, AZ.

Deborah Larson, MA, CADAC, is the Executive Director of Granada House, Inc. a treatment and recovery program located in Allston, Massachusetts. Ms. Larson also serves on the statewide Independent Living Council and the Rehabilitation Advisory Council for Massachusetts. Ms. Larson has a traumatic brain injury and is in recovery from addiction.

Cathy Lorber, Ph.D., is the Executive Vice-President and Chief Operating Officer of the Anixter Center in Chicago, Illinois.

Debra Maslansky, MA, CPS, is Director of Vocational Services at the Brain Injury Association of New Jersey.

Dennis McCarty, Ph.D., is a Professor at the Oregon Health Sciences University and former director of the Massachusetts Bureau of Alcohol and Drug Services.

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* NAADD by-laws require that at least 51% of the Board of Directors be people with disabilities.

John de Miranda, Ed.M.

Biographical Information

John de Miranda is the Executive Director of the National Association on Alcohol, Drugs and Disabilities, Inc., a network of individuals and organizations dedicated to improving access to substance abuse prevention and treatment services for people with disabilities. In this capacity he directs the National Access Project, funded by a grant from the Robert Wood Johnson Foundation as well as a technical assistance project funded by the California Department of Alcohol and Drug Programs. Previous executive leadership positions have been with the American Red Cross, Bay Area Chapter, Youth Power, formerly "Just Say No" International, and Join Together/Boston University School of Public Health.

With a professional background in the alcohol and drug problems field that spans 25 years, Mr. de Miranda has served as program administrator, management consultant, therapist, educator, government official, researcher, and trainer. The son of a Cuban immigrant he graduated from the nation's oldest public school, Boston Latin. Following graduation from Wesleyan University (Middletown, Connecticut) with a B.A. degree in Sociology, he earned a Masters degree in Counseling & Consulting Psychology from Harvard University in 1979. He has conducted research and published on topics as varied as special education, responsible alcoholic beverage service, blindness, legislative policy, healthcare cost containment, prevention, social model recovery services, disability rehabilitation, and advocacy for people with disabilities. He is the Editor of *The Report on Alcohol, Drugs and Disability*, and serves on the Editorial Advisory Committees of *SCI-MAT (Science Matters)*, and *The Prevention Researcher*. Mr. de Miranda is a regular contributor to *Alcoholism and Drug Abuse Weekly*, and is a guest member of the Public Policy Committee of the National Council on Alcohol and Drug Dependence Board of Diirectors as well as the National Addiction Technology Transfer Center Advisory Group.

In 1988-89 he developed a statewide needs assessment methodology and served as Study Director of the California Alcohol, Drug and Disability Study, a unique project designed to determine the barriers to treatment, recovery, and prevention services encountered by people with disabilities (sensory, orthopedic, developmental, and psychiatric). He is also a member of the national advisory boards of the Rehabilitation Research and Training Center on Substance Abuse and Disability, and the Substance Abuse Resources and Disability Issues, as well as the Public Policy Committee of the Board of Directors of the National Council on Alcohol and Drug Dependence, and the Disability Work Group and SSI Work Groups of the federal Center on Substance Abuse Treatment. He is an instructor at the University of California, Berkeley, and a member of the Adjunct Faculty at the University of San Francisco.

Mr. de Miranda's recent publications include:

Community Anti-Drug Coalitions of America, *Strategizer 9 Coalitions Address Americans with Disabilities*, 2002

Access Limited-Substance Abuse Services for People with Disabilities: A National Perspective, 1998

Policy and Its Implications: Where the Rubber Hits the Road, *On-Line*, Wright State University(9)1, 1999.

What Do I Tell My Son About Marijuana? The *Counselor* National Association of Alcoholism and Drug Abuse Counselors, May/June 1999.

Access Limited – Substance Abuse Services for People with Disabilities: A National Perspective, 1998

Linking Communities for Prevention, *Prevention Pipeline* CSAP, Fall 1995.

EAPs and People with Disabilities: Changing Attitudes. *EAPA Exchange*, July 1994.

Developing Alcohol and Drug Services in a Spinal Cord Injury Program. with Young, M. & Casner, C. SCI Psychosocial Process V. 6 No. 2, May 1993.

Cultural Sensitivity: Treatment for Diversity, *The Counselor* National Association of Alcoholism and Drug Abuse Counselors, pp. 8-9, July/August 1992.

Brief Bio.

Robert E. Olson, M.S.

Robert E. Olson, M.S., is the Project Director of the California Alcohol, Drug and Disability Technical Assistance Project. He is a past president of the National Association on Alcohol, Drugs and Disability, Inc.

Mr. Olson has an extensive background in both the fields of substance abuse and disabilities. His professional experience in the area of disabilities includes serving as the Executive Director of a center for independent living, Assistant Director of the Wisconsin Office for Persons with Physical Disabilities and as the Coordinator of the Wisconsin Client Assistance Program for the Governor's Committee for People with Disabilities. In the field of substance abuse, he has served as the Executive Director of the Wisconsin Alcohol, Drug and Disability Association, Coordinator of Special Needs for the Lakeland Council on Alcohol and Other Drug Abuse and has written and developed a residential treatment program for persons who are Deaf and hard of hearing. Mr. Olson is a Summer Institute graduate from the Rehabilitation Research and Training Center on Drugs and Disability, and he has co-trained with their staff in several locations throughout the country. He has presented numerous workshops throughout the country on the topic of substance abuse and co-existing disabilities to alcohol and drug prevention and treatment p rofessionals, h uman service providers, and independent living programs.

Mr. Olson is the 1996 recipient of the Wisconsin chapter of the American Deafness and Rehabilitation Association's Annual Recognition Award. He is a member of the Wisconsin Certification Board, which oversees the accreditation of substance abuse counselors in Wisconsin. He is borderline profound deaf and a recovering alcoholic.

THE NAADD REPORT

THE NEWSLETTER ON ALCOHOL, DRUGS, AND DISABILITY

VOLUME 1, NUMBER 1

SPECIAL CALIFORNIA EDITION

California: Improving Access to Prevention and Treatment

Bob Olson
TA Project Director

California's population of 34 million includes over 6 million people with disabilities. Data compiled by the Rehabilitation Research and Training Center (RRTC) on Drugs and Disability at Wright State University based on prevalence estimates suggests that at least 211,655 Californians have a disability as well as a coexisting alcohol and/or drug use disorder. Other estimates based on statistical averages place this number as high as 1 million.

According to the Center for Substance Abuse Treatment's *Treatment Improvement Protocol (TIP) #29:* "People with disabilities are at higher risk for alcohol and drug abuse problems than the general population and are less likely to get effective treatment." Studies have found that 20 percent or more of all persons receiving state vocational rehabilitation services exhibit symptoms qualifying them for a diagnosis of abuse or dependence. Also, people with disabilities are more likely to have family histories of alcoholism and use alcohol or drugs to gain social acceptance.

People with disabilities experience a number of risks, which increase the chance for alcohol and drug abuse to adversely impact their lives. These include: medication use and chronic health problems, societal enabling, and a lack of accessible and appropriate prevention and treatment services. In some cases the prevalence for alcohol and drug abuse among subpopulations of persons with disabilities is very high, nearly 50% for persons with traumatic brain injuries and spinal cord injuries. This contrasts with 10 – 15% of the general population estimated to experience alcohol or drug abuse.

Studies consistently find that substance abuse problems are increasing among people with developmental disabilities. Adding to the risk for people with mental retardation and other developmental disabilities is the general attitude that such individuals are often not thought to be at-risk for alcoholism and addiction. As growing numbers of people with developmental disabilities are living, learning, and working in inclusive community settings, exposure to alcohol and drugs, and freedom of choice regarding use are increasing. At the same time, attention to prevention, intervention, treatment, and aftercare approaches that meet their needs are lagging far behind. (See related articles.)

People with disabilities represent a huge segment of unserved or underserved populations in alcohol and drug prevention, treatment and recovery services. Barriers to services extend beyond architectural obstacles and include individual biases, myths, and stereotypes commonly held about people with disabilities. Programmatic barriers such as materials in formats that are accessible to people with visual impairments, deaf or hard of hearing, or have a developmental disability also prevent people with disabilities from the full benefit of California's services.

Continued on page 7

WHAT'S INSIDE

From Kathryn Jett	2
Technical Assistance Application	3
ADDD: San Diego Responds	4
San Bernardino Choices Program	4
Alcohol, Drugs and Developmental Disabilities: California is Leading the Way	5
Disabilities Access Coordinators: A Vital Link	6
Disability Constituent Committee	7
New Resources	8

NATIONAL ASSOCIATION ON ALCOHOL, DRUGS AND DISABILITY • NAADD •

A message from Kathryn Jett

Director, California Department of Alcohol and Drug Programs

Dear Colleagues:
As the Director of the California Department of Alcohol and Drug Programs (ADP), and as a person in recovery, I appreciate the value of appropriate alcohol and drug treatment and recovery programs.

Unfortunately, for more than 738,000 Californians with a physical, cognitive or sensory disability, access to treatment is often difficult because of the barriers that prevent them from obtaining appropriate treatment services. In addition to an individual's disability or accessibility issues, people with disabilities often face programmatic and attitudinal barriers which prevent them from receiving appropriate treatment services.

Accessibility goes beyond removing physical barriers such as steps or narrow doorways; it also includes eliminating negative attitudes, myths, or stereotypes commonly held about people with disabilities. Programmatic barriers are such things as materials which are not accessible to people who are blind, deaf, or have developmental disabilities such as learning disabilities or mental retardation.

To meet the challenge of accessibility to alcohol and drug programs, ADP has contracted with the National Association on Alcohol, Drugs and Disability (NAADD) to provide technical assistance and training to any agency or program receiving funds from ADP. NAADD's trainers are trained and accredited professionals experienced in both the disability and alcohol and drug fields and are qualified to evaluate alcohol and drug abuse service systems for people with disabilities.

The Americans with Disabilities Act and Section 504 of the Rehabilitation Act require us to ensure that no qualified person with a disability shall, on the basis of their disability, be excluded from participation, denied benefits, or subjected to discrimination under any program, service, activity, or employment opportunity certified, funded, or licensed by ADP.

The California Alcohol, Drug and Disability Technical Assistance and Training Project can help you better serve clients with disabilities, and develop strategies for providing "reasonable accommodation" under the Americans with Disabilities Act in a manner that is not complex or expensive. Technical assistance and training services are provided at no cost to programs receiving funds from ADP.

I encourage you to take advantage of this free service by contacting the Alcohol, Drug and Disability Technical Assistance and Training Project at your earliest opportunity. (650)631-1576.

Sincerely,

Kathryn P. Jett

KATHRYN P. JETT
Director

Disability Workshops A Success

A one day interactive disability awareness and sensitivity workshop has proven to be popular among alcohol and drug professionals in California.

The workshop is designed to reduce the physical, programmatic and attitudinal barriers that prevent people with disabilities from obtaining appropriate treatment services by assisting caregivers to look beyond the disability and consider individual issues on a case-by-case basis.

Participants are provided with the opportunity to: explore their biases and dispel myths and stereotypes about people with disabilities and to explore attitudes frequently held by persons with disabilities regarding the treatment experience. Setting realistic goals to better serve clients with disabilities and providing "reasonable accommodations" under the Americans with Disabilities Act in a manner that is not complex or expensive are goals of the workshop.

Approximately 350 California alcohol and drug prevention and treatment professionals have completed the training and their evaluations are very positive. Participants comments include:

- "I appreciate the time you took to answer my questions",
- "I recommend this training to everyone in the substance abuse field",
- "This topic is a must for all persons working in programs that interface with the public."
- "What an awesome presenter! I would recommend him to all groups who are interested in learning more on disabilities. He kept our attention and focus and pulled in a lot of audience participation."

An application for CEU's for this training has been submitted to the California Association of Alcohol and Drug Abuse Counselors. If your agency is interested in receiving training from NAADD, contact us (see contact info on page 3). ■

California Alcohol, Drug, & Disability Technical Assistance Project
Application for Technical Assistance

(Free for recipients of funds from the California Department of Alcohol and Drugs Program)

Agency Information

Date_____ /_____ /_____

Agency/Organization: _____

Contact Person: _____ Phone: (_____) _____ – _____

Title: _____ Ext: _____ Voice: _____ TTY: _____

Address: _____ FAX (_____) _____ – _____

_____ E-Mail: _____

City: _____ Calif ZIP: _____ Website: _____

County: _____

Request Information

1. Agency Type (Check all that apply)
   - ❑ Alcohol/Drug Prevention Program
   - ❑ Alcohol/Drug Treatment Program
   - ❑ Sober Living Home
   - ❑ County ADP Administration
   - ❑ State ADP Administration
   - ❑ Counselor Training Program
   - ❑ Technical Assistance Project
   - ❑ Conference or Professional Organization
   - ❑ Other_____

2. Does your agency/organization receive funding from the California Department of Alcohol & Drug Programs?
   - ❑ Yes ❑ No

3. Proposed training dates
   - 1st Choice _____
   - 2nd Choice _____
   - 3rd Choice _____

4. Estimated number of participants
   _____

5. What kind of assistance are you requesting? (Check all that apply)
   - ❑ Architectural Survey
   - ❑ Clinical Training
   - ❑ Disability Awareness & Sensitivity Training
   - ❑ ADA Title I, Employment Accommodations
   - ❑ ADA Title II Evaluation
   - ❑ ADA Title III Evaluation
   - ❑ Program & Policy Review
   - ❑ Consultation
   - ❑ Conference Presentation
   - ❑ Conference Exhibit or Display
   - ❑ Other_____

6. Geographic areas to be served:
   - ❑ On-site or single source
   - ❑ County/local
   - ❑ Regional (inter-county)
   - ❑ Statewide
   - ❑ Other (Please describe)

   _____

7. Are you requesting a specific consultant or consultants?
   - ❑ Yes ❑ No

   If yes, please specify
   _____

8. Can your organization provide any of the following equipment for the technical assistance training?
   - ❑ TV/VCR
   - ❑ LCD/Multi-media projector
   - ❑ Flipchart/Easel
   - ❑ Whiteboard/Chalkboard
   - ❑ Overhead Projector

The California Alcohol, Drug and Disability Technical Assistance Project is funded by the California Department of Alcohol and Drug Programs under a grant to the National Association on Alcohol, Drugs, and Disability, Inc., San Mateo / Belmont, CA.
Technical assistance services are provided at no cost to agencies receiving funding from the California Department of Alcohol and Drug Programs.

The following are comments from recent trainings provided by the National Association on Alcohol, Drugs and Disability – California Technical Assistance Project.

"I would recommend the training to everyone in the substance abuse field."

"This topic is a must for all persons working in programs that interface with the public."

"I appreciate and commend The National Association on Alcohol, Drugs and Disability and hope for their continued trainings."

"The training was exceptional and well taught. The trainer was very well informed and knowledgeable regarding the Disabilities Act."

Feedback and evaluations from previous trainings stated that 100% of participants believed the information presented will be useful to them in their work. 100% also recommended training to others working in the field of substance abuse, while 98% stated they had a better understanding of disability and a people with a disability.

To request technical assistance, please fax or mail this form to:

NAADD
California Alcohol, Drug & Disability
Technical Assistance Project
490 El Camino Real, Suite 105
Belmont, CA 94002-2140

Phone: 650.631.1576
Fax: 650.631.1872
TTY: 650.631.1829
E-mail: naadd@juno.com
Web: www.naadd.org

Alcohol, Drugs and Developmental Disabilities: San Diego Responds

At San Diego Regional Center, substance abuse support groups for consumers have been available for over ten years. With support from administration, a task force was developed. Believing consumers would come if the opportunity was there, staff began by simply making the time and place for discussion available. Today, four such groups are operating in communities served by San Diego Regional Center.

The Regional Center's Substance Abuse Task Force provides staff for the support groups and resource support to service coordinators worried about substance abuse in their consumers. The Task Force also sponsors training and maintains resource directories. With the support of agency training staff, all new service coordinators are trained about substance abuse and disability as they receive new employee orientation. Community members of the Task Force include service vendors and a representative of the local Developmental Disabilities Area Board. Each spring, Task Force members participate in a resource fair as part of an annual self-advocacy conference. Some members have traveled to other Regional Centers to provide staff training.

In early 2001, San Diego Regional Center received a grant from the Department of Developmental Services Wellness Initiative to improve services to people with developmental disabilities and substance abuse problems. The design of the grant involved the use of "recovery support specialists" who assisted consumers to find and maintain involvement in treatment services. Much was learned as a result of this effort and positive relationships with treatment providers were begun. Barriers exist and misunderstanding about disability is evident, but inroads are being made.

Consumers who attend the support groups state that they value the opportunity to meet with peers who understand them as persons with disabilities. Many also attend traditional AA or NA groups, some with support and others independently. The support groups use a combination of education and sharing. A curriculum has been developed which is concrete, does not depend heavily on reading ability, and focuses on changing behavior. Some consumers have been required to attend, by the courts and job programs. Therefore, documentation of attendance is available each day and a certificate of completion is presented.

Ann Harris, current chair of the Substance Abuse Task Force of San Diego Regional Center, says, "People with disabilities are more vulnerable to substance abuse than might be expected. As they cope with frustration, pain, isolation and the need to fit in, alcohol and drugs offer a false remedy. As people concerned about people with a disability, we need to remain aware of this issue." For information contact 619-336-6600. ■

San Bernardino Choices Program for People with Disabilities

This prevention program designed for people with disabilities is funded by the San Bernardino County Alcohol and Drug Programs under a contract with Rolling Start Center for Independent Living. The Choices Program, established in 1999 under the direction of Lisa Flores, Independent Living Consultant is the only prevention program in California developed specifically for people with disabilities.

Ms. Flores, a certified prevention specialist who has a rare form of Muscular Dystrophy is also a recovering addict. Her interest in prevention activities took root when she noticed a higher than average risk for people with disabilities to abuse alcohol or drugs.

According to Flores, people with disabilities are often unable to access traditional prevention treatment, recovery and support programs because the programs are not accessible to them. "Often, the building itself is inaccessible because of architectural barriers, or the program does not have materials in a format that is accessible to people with visual impairments, deaf or hard of hearing, or have a developmental disability." Flores emphasized that the Choices Program is about people with disabilities coming together to, not only focus on prevention, but also to provide support to each other in a non-judgmental environment.

The Choices Program has a number of activities such as cross-disability support groups; peer counseling training programs, self-esteem workshops, and outreach and education to agencies and the community. According to San Bernardino County Alcohol and Drug Services Administration, Rolling Start has been instrumental in meeting the needs of people with disabilities; developing and providing programs and services that assist individuals with disabilities in their efforts to achieve and maintain an independent lifestyle of their choice, giving the consumer responsibility and control in identifying service choices. "When we speak of effectively targeting consumers, meeting them where they are and addressing their specific needs, Rolling Start does the job," stated Ms. Rebecca Rodriguez, Program Coordinator for San Bernardino County Alcohol and Drug Services Administration.

For more information about this program contact Lisa Flores, Independent Living Consultant, Rolling Start Inc. Center for Independent Living, 570 W 4th Street. San Bernardino, CA 92401, 909 884-2129, TTY 909 884-7396, or e-mail lisainredlands@yahoo.com. ■

Alcohol, Drugs and Developmental Disabilities: California is Leading the Way

John de Miranda, Executive Director

Across the Golden State the issue of alcohol and drug problems among people with developmental disabilities is receiving considerable attention. The developmental services delivery system is becoming increasingly sensitized to the role unaddressed substance abuse problems play in undermining successful outcomes for consumers. At the same time, professionals in the alcohol and drug field realize that accommodating people with developmental disabilities is a requirement of the federal Americans with Disabilities Act and Title 24 of the California State Building Code.

According to the State Council on Developmental Disabilities approximately 1.8% (626,724) of Californians meet the federal definition for a developmental disability. Although there is little epidemiologic research into the prevalence of alcohol and drug problems among this population, there is widespread agreement that the problem is increasing as more and more consumers are assisted to live and work independently in communities across the Golden State. Conservatively estimating the incidence of alcohol and other drug problems to be somewhat lower than the general population, it is possible that there may be as many as 50-60,000 Californians with a developmental disability in need of treatment services.

Larry Sark and Elizabeth Clary, North Bay Regional Center

In addition to compromising consumer independence and self determination, substance abuse is increasingly identified as a factor in the numbers of persons with a developmental disability who are involved in the criminal justice system—both as victims and perpetrators.

People concerned about this issue have often worked in isolation, but discussions are currently underway concerning the need to create a statewide network or association of consumers and caregivers who focus on increasing access to prevention and treatment services. The time is fast approaching when robust system linkages between alcohol/drug and developmental services will exist at both the state and local levels.

Nancy Gardner is Executive Director of the North Bay Regional Center, an organization that promotes opportunities and supports choices for people with developmental disabilities in Sonoma, Napa and Solano Counties. She recently spoke at a staff in-service training that NAADD presented on the problem of addiction and alcohol abuse among clients. "This is a very important issue for the health, well-being and independence of consumers in our region. We have made a serious commitment of resources to tackle this problem, and are delighted to have NAADD, with its national perspective, as a partner in this work."

This collaboration includes intensive training of NBRC staff and vendors concerning identification, screening, and referral for alcohol and drug problems, and technical assistance to create policy changes supporting a proactive approach to the problem. In addition, educational materials for clients, caregivers and family members are being developed that will be shared with others working in the California developmental services system.

John deMiranda is executive director for the National Association on Alcohol, Drugs and Disabilities

Developing referral linkages into the alcohol and drug system is an important part of the North Bay initiative. To that end, Dave Abramson, a manager for the Sonoma County Department of Alcohol and Other Drug Services, has been instrumental in supporting the creation of new linkages between the two service systems.

A similar initiative is underway at the San Andreas Regional Center which serves the developmental disability communities of Santa Clara, Santa Cruz, Monterey and San Benito counties. With a Wellness Initiative Grant from the California Department of Developmental Disabilities and co-sponsorship by the Santa Clara County Department of Alcohol and Drug Services the Center contracted with NAADD to develop and deliver full day workshops aimed at both alcohol and drug professionals and developmental disabilities providers.

As reported on the previous page, a substance abuse task force convened by the San Diego Regional Center is also forging linkages with local treatment providers. The group hopes to create service partnerships and conduct cross training in the near future. ■

Disability Access Coordinators: A Vital Link

Federal and State laws and regulations, specifically, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990 provide that no qualified person with a disability may be denied services or benefits or be subject to discrimination by any service provider that receives federal or state financial assistance. Additionally, every recipient of federal or state funds must operate its service endeavors so that the entire program is readily accessible to persons with disabilities.

The California Department of Alcohol and Drug Programs is responsible for actively ensuring that each county alcohol and drug program administrator's office operates in a way that does not deny persons with a disability any service or benefit of federal or state funded alcohol or other drug (AOD) programs. To do this, each county and each of the county's large contract AOD service providers (15 or more employees) is required to designate at least one person as the Disability Access Coordinator.

The Disability Access Coordinator is responsible for (1) implementing the provider's accessibility program and (2) receiving and resolving complaints alleging violations.

Training for the Disability Access Coordinators is provided on an ongoing basis by the National Association on Alcohol, Drugs and Disability, California Alcohol, Drug and Disability Technical Assistance Project. Additionally, County Disability Access Coordinators receive periodic mailings from the Technical Assistance Project to keep informed on topics such as resources and innovations for assist technology, up-to-date information on the ADA, policy recommendations, and training opportunities.

For more information on the Disability Access Coordinator in your area contact the local county alcohol and drug program administration or the Alcohol, Drug and Disability Technical Assistance Project. ■

Tell us your story...

We at NAADD are interested in collecting the stories of Californians with disabilities who also have a co-existing alcohol and drug problem. If you would like to share your "experience strength and hope" with others either through our newsletter, web site or training programs we would like to hear from you. To discuss your story and how it might help others contact us.

Modoc County Alcohol and Drug Services Acquires TTY

Modoc County where the west still lives has unparalleled scenic beauty and abundant natural resources, encompasses the extreme northeast corner of the state featuring the Warner Mountains. Although it encompasses over 4,000 square miles of the most beautiful and unspoiled land, it has a relatively small population of 9,400 residents, of which an estimated 450 have a disability.

According to Philip Smith, Director of Health Services for Modoc County, a TTY was recently installed along with a dedicated TTY phone number in their administrative offices, which included Alcohol and Drug Services. Smith stated that, "Although we are a small county and have never had a TTY caller, we want to be prepared to not only comply with the Americans with Disabilities Act of 1990, but also to provide effective telecommunications to individuals who may be deaf, hard of hearing or voice impaired."

The California Alcohol, Drug and Disability Technical Assistance Project provided staff training on TTY use and etiquette and loaned a second TTY enable staff to practice and increase their comfort and proficiency.

The Modoc County Health Services Administration dedicated TTY phone number is 530.233.2097. ■

Disability Related Web Sites

www.cfilc.org
California Foundation for Independent Living Centers. Information regarding California Centers for Independent Living and services for people with disabilities.

www.ohiovalley.org
Ohio Valley Center for Brain Injury Prevention and Rehabilitation: Information regarding brain injury and substance abuse.

www.edd.cahwnet.gov/gcedpind
Governors Committee on Employment of People with Disabilities. Information and free publications.

www.atnet.org
Assistive Technology Network. Access to and information on assistive technologies for people with disabilities.

www.pacdbtac.org
Pacific Disability and Business Technical Assistance Center. Information, materials, technical assistance, or training on the ADA.

Disability Constituent Committee Seeks Members

Lisa Flores, Chairperson of the Disability Constituent Committee (DCC) announced recently that the Committee is looking for interested individuals to serve on the Committee. According to Flores, the DCC is a component of the California Department of Alcohol and Drug Programs (ADP) Advice-Seeking System. Members are selected through an application process and are appointed by ADP. Committee members are individuals dedicated to improving and expanding alcohol and drug services for the traditionally unserved and under served populations in California; are knowledgeable about the problems associated with alcohol and other drug use; and are active in their local community. They serve as volunteers without compensation and meet on a regular basis in various locations throughout California to gather and disseminate information.

In addition to their regular meetings, the Committee holds Community Forums and uses the input provided to recommend services and activities to the Department through its Directors Advisory Council (DAC).

For example, the committee recently proposed disability and accessibility training for all ADP employees to increase awareness of issues regarding people with disabilities. The training was conducted and the committee recommended that ADP present annual updates.

Bob Olson (2nd from left), TA Project Director with members of the California Dept. of Alcohol and Drug Programs Disability Constituent Committee (l to r: Lisa Flores, Bob Olson, Dave Abramson, Margaret Reilly. Seated: Hazel Weiss with Hams.

The Committee also works closely with the Alcohol, Drug and Disability Technical Assistance Project to promote disability awareness and accessibility to provention, treatment and recovery programs. Flores emphasized that continuous networking with constituencies is an important part of being a Committee member.

"Networking and getting feedback from the various disability communities helps us to provide ADP with recommendations to improve services to people with disabilities." Although DCC members do not receive compensation for their services, they are reimbursed for expenses while serving on the Committee.

Individuals interested in serving on the Disability Constituent Committee, should contact:
Lisa Flores, Chairperson
Rollin Start Center for Independent Living
570 W. 4th St. San Bernardino, CA 94201
909.884.2129 (voice)
909.884.7396 (TTY)
909.386.7446 (fax). ■

CALIFORNIA
RECOVERY HAPPENS
RECOVERY COMMUNITIES
We Support Recovery Happens - California

Cover Story - Continued from page 1

While removing architectural barriers may be difficult because of fiscal constraints, the California Alcohol, Drug and Disability Technical Assistance Project is available to assist providers to better serve clients with disabilities; and develop strategies for providing "reasonable accommodations" under the Americans with Disabilities Act in a manner that is not complex or expensive. Our services include:

- ADA/disability training, program and policy reviews.
- Clinical trainings.
- ADA Title II self-evaluations.
- Architectural surveys.
- Disability awareness and sensitivity trainings.
- Assistive technology loan closet.

Also available for loan is an ADA kit designed for people who are deaf or hard of hearing and require assistive technology in alcohol or drug treatment settings. Included in the kit is a FM assistive listening system (essentially a personal amplification system that can be used with or without a hearing aid), a visual or tactile alarm clock, a flashing alarm system, a TTY and a television or video caption decoder. As additional funds permits, we will be adding equipment to the loan closet.

These services are provided at no charge to programs receiving funding from the California Department of Alcohol and Drug Programs. To request assistance please contact us at 650-631-1576; TTY 631-1829; fax 631-1872 or download an application at www.naadd.org.

I look forward to continuing to work with you to ensure that all services are accessible to people with disabilities in California. ■

NEW RESOURCES

Free ADA Technical Assistance CD-ROM Now Available

The U.S. Department of Justice, Civil Rights Division, Disability Rights Section has a free ADA Technical Assistance CD-ROM available upon request. This CD-ROM includes the ADA Regulations, Standards for Accessible Design, Technical Assistance Manuals and Technical Assistance Documents in PDF, HTML, Text and WordPerfect file formats. To order a copy CD-ROM, contact the U.S. Department of Justice at 800.514.0301 (voice), 800.514.0383 (TTY), or on line at www.usdoj.gov/crt/ada.

Free Video on Addiction Recovery and Persons with Developmental Disabilities

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Visit our website at: www.naadd.org

THE NAADD REPORT

The NAADD Report is a periodical newsletter published by the National Association on Alcohol, Drugs, and Disability, Inc., a Wisconsin 501(c)(3) non-profit corporation.

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THE NAADD REPORT

THE NEWSLETTER ON ALCOHOL, DRUGS, AND DISABILITY

VOLUME 6, NUMBER 1
APRIL 6, 2003

Improving the Quality and accessibility of Treatment

By John de Miranda

Within the past six months a number of national initiatives have rolled out that focus on the quality of treatment. This trend has direct applicability to the 54 million Americans with disabilities, as well as millions more with less severe functional limitations.

For some time, the need to increase treatment capacity has been on the field's radar screen as well as the importance of improving the connection between research and practice. Improving the quality of treatment and using quality improvement strategies are the latest manifestations of the reengineering of the treatment enterprise.

Through the leadership of Senior Program Officer Victor Capoccia the Robert Wood Johnson Foundation developed the innovative Paths to Recovery program that will make grants available to create treatment improvement laboratories. Using process improvement techniques that have been applied successfully in other health care settings the twin goals of the effort are to increase admissions and retention rates. Eventually, process improvement tools and quality lessons will be disseminated to the national treatment system.

Following the Foundation's lead the Center for Substance Abuse Treatment has announced a $2.5 million initiative, the Practice Improvement Collaborative Program. This grant program extends the "Commit to Quality" emphasis of the National Treatment Plan Initiative Changing the Conversation: Improving Substance Abuse Treatment.

Similarly, Join Together has convened a panel of distinguished professionals focused on treatment quality improvement. The panel is currently accepting testimony to develop recommendations to "define quality treatment, produce increased urgency about the abundance of poor treatment and recommend broad community strategies for improving the effectiveness of treatment through quality improvement."

All of these efforts are commendable, but unless there is a realization that physical and cognitive accessibility are fundamental to quality treatment, their activities will only reinforce the status quo that denies treatment to people with disabilities or generates treatment failures through lack of attention to clients with functional limitations.

Some examples

- An internationally recognized treatment program that requires all prospective clients to be "ambulatory," a violation of the American's with Disabilities Act.
- Huge searchable databases of treatment programs that fail to identify programs for mobility-limited, blind or deaf individuals.
- Providers who fail to identify "hidden" disabilities and functional limitations that directly impact treatment receptivity such as low back pain, mild cognitive impairments, and communications limitations.

Continued on page 7

NAADD Executive Director John de Miranda meets with Dr. Andrea Barthwell, Deputy Director of the White House Office for National Drug Control Policy

WHAT'S INSIDE

President's Message	2
National Access Project Activities	3
Persons with HIV/AIDS Face Alcohol, Drug and Employment Problems	4
Employing Persons w/ the Disabilities of Alcoholism and Addiction	4
Crouse Recovery Challenge Program	6
New Resources	8

NATIONAL ASSOCIATION ON ALCOHOL, DRUGS AND DISABILITY
NAADD

President's Message | What's the Deal? Equal Access

The NAADD was founded by persons with disabilities who experienced the challenge of alcoholism and addiction and realized the need for advocacy. Specifically, NAADD has focused on finding collaborative strategies for overcoming the barriers that impede access to treatment services for persons with disabilities. These consumers represent a remarkably diverse population. Providing effective services for these individuals requires that interventions be designed to go beyond "one size fits all" models. Instead specific interventions must meet individual needs and respond to unique personal histories. Unfortunately, there are few programs in the U.S. that do this.

Although both the Rehabilitation Act and the Americans with Disabilities Act protect the rights of persons who experience AODA disabilities, little attention has been devoted to this problem, and judicial interpretation of the rights of these consumers has been severely limited. Consequently, these consumers continue to face extraordinary stigma, discrimination, and prejudice when seeking appropriate services from both the public and private sector. Although persons with disabilities tend to experience substance use disorders at rates significantly higher than the general population, rehabilitation professionals have largely failed to develop appropriate, effective policies, interventions, and programs to meet the needs of these consumers. In fact, in nearly every court case as well as in the court of "public opinion" these individuals are treated as "second class citizens".

In order for treatment services to provide equal access they must modify their Attitudes, Programs and Environments (APE). Fortunately, to create a new vision for implementing services with "APE" is not costly! Treatment providers may examine their "Attitudes" about people with disabilities and receive education and training from a variety of local resources readily available in their communities. Through interaction with one another, cross-training and collaboration, providers can work together to better understand one another and the populations they serve.

Michael Nelipovich, President, NAADD Board of Directors

Treatment "Programs" can be modified to be fully accessible. There's no mystery here either. When serving consumers who are deaf or hard of hearing ASL and other interpretive services are available as well as formal systems of support dedicated to this population. With persons who are blind or visually impaired alternative media and materials are readily obtainable and specialized consultation and services are usually only a phone call away. Finally, in every state in the US the state-federal rehabilitation system, centers for independent living (CILs), and numerous private support groups exist for people with disabilities. While both programs and professionals can find it difficult to develop multiple "specialties" collaboration with existing resources and service delivery systems can enable programs to tailor intervention to the specific needs of individuals with a minimum of resource commitment.

Finally, the "Environment" must be modified to provide full access to all individuals. Simply put, does the facility/office honestly fulfill the intent of the ADA? If someone uses a wheelchair can he/she navigate easily? Is there signage that makes the environment accessible for people who are blind or visually impaired? Are there fire safety alarms to accommodate people who are deaf or hard of hearing? When treatment providers lack the expertise or experience to interpret and implement the ADA, they may again, rely on relationships with certified rehabilitation counselors as well as other professionals who work in the state-federal vocational rehabilitation service system. In seeking their assistance, collaborative relationships are developed that support BOTH the treatment and the rehabilitation community.

So, what's the deal on providing equal access? It can be summed up with three statements:

1. Providing individualized, well-developed, multidimensional approaches to treatment services will help ALL consumers who receive services. Development of specialized interventions needed to meet this groups' unique needs can often be adapted/developed to meet the needs of other consumers as well....everyone wins!

2. It's the right thing to do!

3. It's the law...

As the new President of the NAADD Board of Directors, I look forward to the future with great optimism.

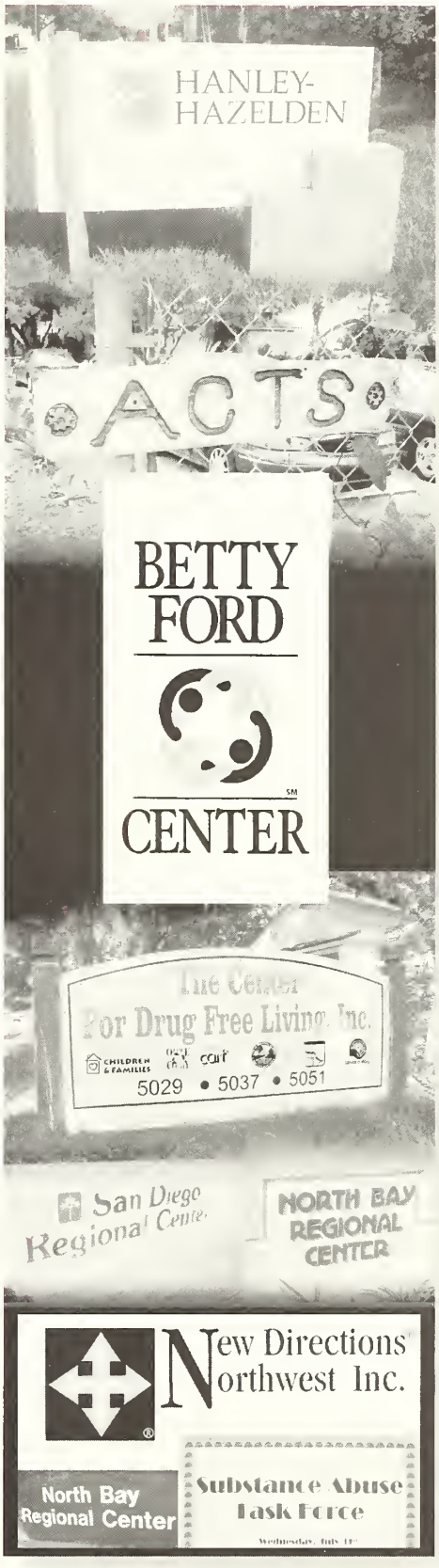
Michael Nelipovich, Rh.D. President

National Access Project Activities

NAADD is currently in the third year of implementing the National Access Project funded primarily through a grant from the Robert Wood Johnson Foundation. Our efforts have revolved around delivering training and technical assistance in four states, New Jersey, Ohio, Oregon and Florida, and influencing policymakers in these states and at the national level. In addition, we continue to operate the California Alcohol, Drug and Disability Technical Assistance and Training Project through a grant from the California Department of Alcohol and Drug Programs.

Recent Activities Highlights:

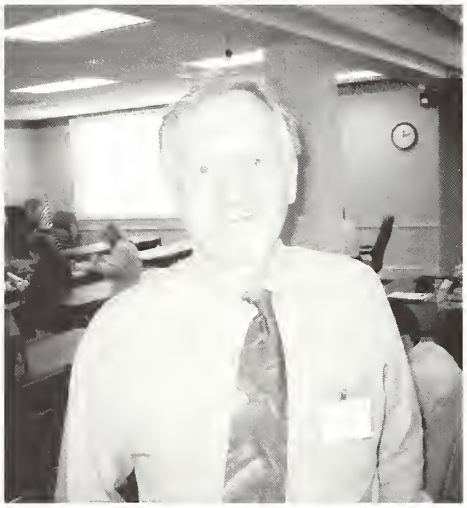
- Delivering workshops on alcohol, drugs and disability in venues such as the Center for Drug-Free Living and Hanley-Hazelden in Florida, Portland Community College, the Disabilities and Addiction Project, Atlantic City, NJ, and New Directions Northwest in rural eastern Oregon.
- Participating in a meeting on client self-determination convened by the Substance Abuse and Mental Health Services Administration.
- Creating a Washington Liaison.
- Writing a guest editorial "*Alcoholism, Addiction and Disability: The Disconnect*" for the newsletter of the Betty Ford Center.
- Presenting a workshop at the annual meeting of the Addiction Technology Transfer Centers and representing the disability issue through membership on that ATTC National Advisory Board.
- Participating on a panel about the Bush Administration's New Freedom Initiative at the State Systems Development Program (SSDP VI) in Washington, DC.
- Participating in a press briefing at the New Jersey legislature to announce the release of NAADD's case study of Public Law 1995 New Jersey Alcohol, and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled (see page 8).
- Delivering presentations on discrimination, stigma and the Americans with Disabilities Act at the Join Together discrimination policy panel hearing held at the annual meeting of the American Bar Association and the 2002 annual conference of the National Association of Alcohol and Drug Abuse Counselors.
- Meeting with national leaders such as Dr. Andrea Barthwell, Deputy Director of the white House Office for National Drug Control Policy, Troy Justesen, White House Disability Policy Advisor, and John Bollinger, CEO Paralyzed Veterans of America.
- Partnering with the Center for Substance Abuse Treatment's ongoing Recovery Month activities (2002 and 2003).
- Joining several dozen field leaders for the Providence Summit on Addiction convened by Manisses Communications Group.
- Convening a National Advisory Council that includes representatives from: the Johnson Institute, Access Living (Chicago), Brown University Center for Alcohol and Addiction Studies, the American Association of People with Disabilities, the National Council on Alcohol and Drug Dependence-New Jersey, Gallaudet University, The Arc of the United States, Center for Substance Abuse Treatment, Paralyzed Veterans of America, American Foundation for the Blind, Granada House, and the Center for Substance Abuse Prevention, as well as other federal agencies. ■



Persons with HIV/AIDS Face Alcohol, Drug and Employment Problems

Jo Ann Ford, David Hollar, and Dennis Moore

Substance Abuse Resources & Disability Issues (SARDI)



Dr. Dennis Moore, Director, Rehabilitation Research and Training Center on Drugs and Disability

It is estimated that the U.S. loses over $1.8 billion in productivity each year and another $1 billion in support expenses due to HIV/AIDS. Many persons with HIV/AIDS lack the resources to gain meaningful employment, and many do not understand their rights as individuals with disabilities in the workplace. Also, many persons with HIV contend with medical problems, homelessness, substance abuse, and mental health problems – all of which are further compounded by societal and workplace discrimination.

The Rehabilitation Research and Training Center on Drugs and Disability/SARDI, in Dayton, Ohio, conducted a study of employment barriers faced by persons with HIV. The study, funded by the National Institute on Disability and Rehabilitation Research (NIDRR), involved 51 individuals throughout Ohio who live with HIV and express an interest in obtaining employment. The participants in the study were interviewed by researchers three times during a one-year period, with questions addressing each participant's health, alcohol and other drug use, employment history, experiences in employment and obtaining employment, as well as emotional support issues. Nearly 75 % were male, 45 % were African-American, and 41 % were Caucasian. Alarmingly, over 60 percent reported having problems with alcohol abuse, and many also were engaged in illicit drug use.

Respondents were asked what workplace accommodations they most needed. They identified the need for flexible working hours, jobs that alternated standing and sitting, access to restrooms and frequent breaks, employers who were not prejudiced against persons with

Employing Persons with the Disabilities of Alcoholism and Addiction

"All I need is a job"

These words are often spoken by people who have gained sobriety in their recovery program and who display a strong desire to become self-sufficient. After all, securing meaningful employment provides financial autonomy, self-confidence, and a sense of contribution. For many in recovery who have experienced a lifestyle of abuse, these attributes often must be rediscovered in a new life of recovery.

Under provisions of the Americans with Disabilities Act (ADA), an employer may not discriminate against a person who has a history of substance abuse, who has been rehabilitated, or who is actively participating in a structured rehabilitation program. Anticipating a negative reaction from prospective employers regarding their substance abuse history, employees in recovery often struggle with the dilemma "to tell or not to tell." Communicating pertinent facts related to their abuse history and their efforts to succeed in recovery often allows potential employees to adhere to honesty in their recovery while providing employers with a clearer picture of the employee's vocational intentions and qualifications. At the same time, the person in recovery should be aware that there may be consequences to such a disclosure.

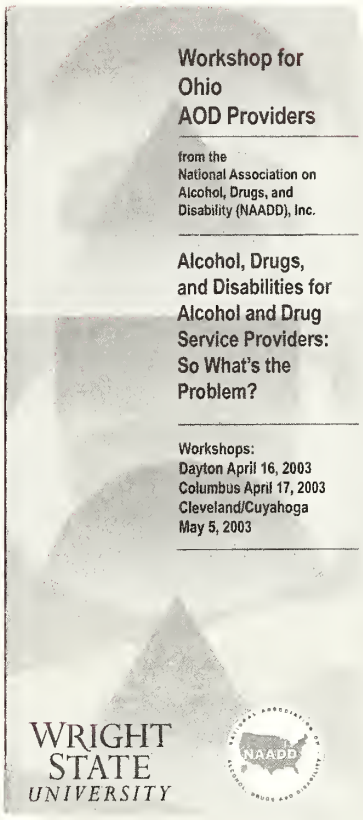
Theresa Mayer, SARDI/NAADD Liaison

HIV, and transportation to and from work. The major obstacles to obtaining employment for this group included personal health concerns, fear of losing health benefits if they became employed, the need for further education, and issues involving physical stamina during work and adverse side effects of medications. Additionally, disclosing one's HIV status to an employer was a major issue, with many participants reporting strong reluctance to inform employers and not knowing when and how to do this most effectively.

The majority of persons in this study experienced multiple functional barriers, not just HIV. In fact, measures of the severity of illness from HIV (e.g., high viral loads) did not correlate significantly with substance use, employment, or vocational rehabilitation outcomes in this study. This further validated interviewer impressions that HIV is less of a barrier to employment for many persons than other factors in their lives (e.g., unstable housing, mental health disorders, post-traumatic stress, substance use disorder, victimization, incarceration).

Perhaps not surprisingly, 80% of the participants were technically classified as unemployed, although many worked seasonally or had "under the table" jobs that would not jeopardize their benefits status. Two-thirds of the respondents reported having quit their jobs since being diagnosed with HIV/AIDS. Several believed that they were forced out of their jobs because of their HIV status. This was echoed by a respondent who stated, "I don't have any barriers myself. Ignorance is a barrier – people who are ignorant of my disease and my abilities."

The SARDI program recently received funding to provide substance abuse treatment and HIV education for minority communities in Dayton. The project, entitled Brothers to Brothers/Sisters to Sisters, is consumer-focused and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). A major goal of the project is to decrease the more rapid HIV infection rate among African Americans in Dayton, as they are seven times more likely to contract HIV than Caucasians. ■


Workshop for Ohio AOD Providers
from the National Association on Alcohol, Drugs, and Disability (NAADD), Inc.
Alcohol, Drugs, and Disabilities for Alcohol and Drug Service Providers: So What's the Problem?
Workshops:
Dayton April 16, 2003
Columbus April 17, 2003
Cleveland/Cuyahoga May 5, 2003
WRIGHT STATE UNIVERSITY
NAADD

As an employer it is crucial to recognize the possibility that this employee if given the opportunity, could be a valuable and reliable member of the workforce.

According to the 2000 National Household Survey on Drug Abuse, 14.0 million Americans currently use illicit drugs. It is undeniable that employers have hired numerous people who are battling the disability of alcoholism or addiction. When fragmentation of success occurs, it is often due to a lack of understanding that exists in the work force surrounding this population.

A critical component to a successful work outcome involves securing job placements that offer a structured and supportive employment experience. Employers will find that clear, concise, and consistent expectations will provide the employee with the necessary guidelines that must be followed in order to achieve job success. The potential employee should be made clearly aware that there are real consequences for tardiness, missed work, disrespect toward coworkers, decreases in productivity, and other "using" behaviors (smelling of alcohol, etc.) Maintaining open lines of communication with both the employee's rehabilitation counselor and the rehabilitation team can also provide valuable insight into performance at work. It may be mutually helpful and appropriate for the employer to review the employee's work schedule in order to minimize any potential conflicts that may arise with the employee's support group or recovery activities. Maintaining flexibility is essential for both the employer and the employee. For a person that is truly committed to recovery, this forthright attitude by the employer will be respected.

In our society we have been fighting the war on drugs. Unfortunately, in this war we have dismissed the idea that people recover from the diseases of alcoholism and addiction. They seek a chance, an opportunity to rebuild a life where contribution is all in a days work.

Questions or comments surrounding employment and the disability of substance abuse may be forwarded to: Melissa R. Jones, MRC, CCDC-IIIE, Clinical Director, Consumer Advocacy Model missy.jones@wright.edu or Joseph E. Keferl, Rh.D., CRC, Assistant Professor and Advisor of the Graduate Rehabilitation Counseling Program in Chemical Dependency, Wright State University, joseph.keferl@wright.edu ■

Crouse Recovery Challenge Program

Marjane V. Rodriguez, BS
Chemical Dependency Counselor
Crouse Hospital Chemical Dependency Treatment Services
410 S. Crouse Avenue
Syracuse, NY 13210
315.470.7381

There is currently a movement to address the substance use issues of more specialized populations, to include individuals with developmental disabilities. I work with this population in the Recovery Challenge Program at Crouse Hospital Chemical Dependency Treatment Services. The individuals served by this program exhibit different kinds of cognitive or developmental difficulties, along with substance use. The program has changed dramatically in the last 2 years, driven by the changing and diverse needs of this population. The individuals we see are not just people with developmental disabilities who use substances. They have layers of issues that need to be resolved while considering the disability and helping the client attempt to maintain abstinence.

The Recovery Challenge Program is an outpatient program consisting of an intensive piece, continuing care piece, and a holding group. The intensive program meets 4 sessions weekly for 3 hours each session. The continuing care program meets for 1 hour twice a week. The holding group was started when there were too many referrals to accommodate in the intensive group. It is now in the process of becoming a pre-treatment group. Some of the difficulties we have encountered are: making appointments and phone calls, utilizing transportation, dealing with financial issues, completing forms, accomplishing multi step tasks, prioritizing tasks, meeting deadlines, and organizing time. If some of these items can be effectively resolved, with education, practice, case management, or other interventions, then the client will be more likely to benefit from treatment.

Mental health and traumatic brain injuries are becoming more prevalent among individuals with developmental disabilities and substance use. Many of the clients we see have never received formal services, including assessments for special needs. So, in addition to dealing with a disability and substance use, our clients have to simultaneously navigate these other treatment issues.

Treatment providers in the field of substance use have acknowledged the symbiotic relationship between substance use and mental health issues. There has been an effort to appropriately address the mental health issues to promote recovery work. This is also seen in the developmentally disabled population. In her publication, Putting Mental Retardation and Mental Illness on Health Care Professionals' Radar Screen (2002) 1, Rebecca Voelker states that various kinds of psychiatric issues are three to four times more likely in people with developmental disabilities. If treatment providers are going to provide a well-rounded plan to promote success, then we are compelled to address this issue holistically.

Another area pertinent to this population, is traumatic brain injury. It is likely we will see more clients suffering from various degrees of this condition. Dr. Elizabeth Berry, PhD, is the staff psychologist at Crouse Hospital Chemical Dependency, and works closely with the Recovery Challenge Program. She believes the substance using population is inherently at risk for many types of brain injury, starting from conception. The risk factors range from domestic violence, a parent that abuses substances, falls/injuries, neglect, lack of adequate prenatal care, poor nutrition, violence or accidents, to the direct effect of using substances on the body (Personal Communication, Berry, 2002). There are two reasons why this information is important. First, it allows treatment providers to consider special needs of clients with this particular disability and adjust treatment accordingly. Second, it alerts us, as a profession, to the need for increased awareness for ourselves and the clients we serve.

It is clear that individuals who use substances and have developmental disabilities require special consideration when it comes to providing treatment. However, it is important to be precise about some of the more unique aspects of this combination of needs. The fact that an individual has a developmental or cognitive disability determines a lot about how treatment is provided. The risk factors are increased for head trauma. We need to be aware, too, that a person with a developmental or cognitive disability is more likely to have a mental health problem. All of these issues need to be addressed to provide effective treatment.

Some of the methods we currently use for treating the substance use population are effective. However, this population needs additional assistance. In the Recovery Challenge Program, some of the techniques we use are: transitioning individuals gradually from one part of the program to the other, spending more time assisting with tasks (bus schedules, phone calls, reviewing appointment times, etc.), assisting the client with case management and vocational counseling. We have seen positive results that this approach is benefiting our clients; however, we still need to continue with program development. This is an area of treatment that is just beginning to be addressed and needs much more in the way of research, literature, teaching, and understanding. ■

1. Voelker, R., (2002). Putting Mental Retardation and Mental Illness on Health Care Professionals' Radar Screen. The Journal of the American Medical Association [on-line], Volume 288(4), p. 433-435. Available: JAMA.

New Resources - Continued from page 8

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New Jersey Rules! Certification of Disability Expertise for Addiction Counselors

New Jersey joins Wisconsin as a state that recognizes the importance of credentialing alcoholism and addiction counselors in disability issues. The new credential, Addiction and Disability Specialist, requires a substantial amount of preparation through coursework, training and supervised work experience. Applicants must demonstrate knowledge in a variety of disability areas including deaf and hard of hearing, cognitive and intellectual impairments, and physical disabilities.

For further information contact the New Jersey Certification Board at 732.390.5900 or www.certbd.com. ■

Legislative and press briefing — New Jersey State Capitol, Trenton

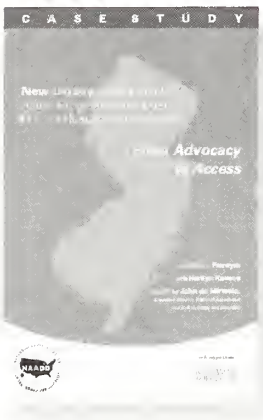
Cover Story - Continued from page 1

Despite federal and state disability rights laws, daily we at the National Association on Alcohol, Drugs and Disability hear the stories of individuals who are treatment rejects and failures. Yesterday it was the wheelchair user in Oakland who needed a residential program, last week it was the young woman with mental retardation in San Diego, and last year it was Air Force veteran Steve Towel, a quadriplegic who contacted literally dozens of treatment programs in Maryland, Virginia and the District of Columbia before landing in the emergency room of a general hospital. "It was not the 'system' that helped me get and stay sober; I had no help from the county or state. No one helped me but my friends, luck, desperation and my higher power. People with disabilities need access to high quality drug and alcohol treatment, just like anyone else."

The current quality improvement trend is an exciting innovation that has the potential to fulfill the promise of accessible alcoholism and addiction care for Americans with disabilities. Creating treatment systems that are fully accessible for ALL Americans should be an integral component of these quality improvement efforts. ■

NEW RESOURCES

From Advocacy to Access Case Study



The case study monograph *New Jersey Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled: From Advocacy to Access* recounts the story of how alcohol, drug and disability activists in the Garden State succeeded in passing Public Law 1995. This legislative initiative established the nation's first (and still only) set-aside of public funds specifically to improve access to alcohol and drug prevention and treatment services.

The authors, Nancy Ferreyra and Harilyn Russo have, in the words of John de Miranda, "crafted a story that stands as a challenge to other states and an outstanding example of policy advocacy." In its story about the release of the case study, *Alcoholism and Drug Abuse Weekly* wrote, "The groundbreaking law signaled the culmination of nearly 15 years of advocacy efforts." The entire document is available as a PDF file at www.naadd.org. To order a hard copy of the document, contact NAADD.

Continued on page 7

THE NAADD REPORT

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National Alcohol & Drug Addiction Recovery Month

THE NAADD REPORT

THE NEWSLETTER ON ALCOHOL, DRUGS, AND DISABILITY

VOLUME 4, NUMBER 2
OCTOBER 2001

Washington Report

NAADD Expands Dialogue with Key Agencies and Legislators

NAADD has worked hard at educating agencies and organizations in an effort to strengthen alcohol-drug-disability policy. This year, NAADD began a dialogue with the influential Substance Abuse and Mental Health Services Administration (SAMHSA). This key agency has grown increasingly receptive to NAADD's objectives.

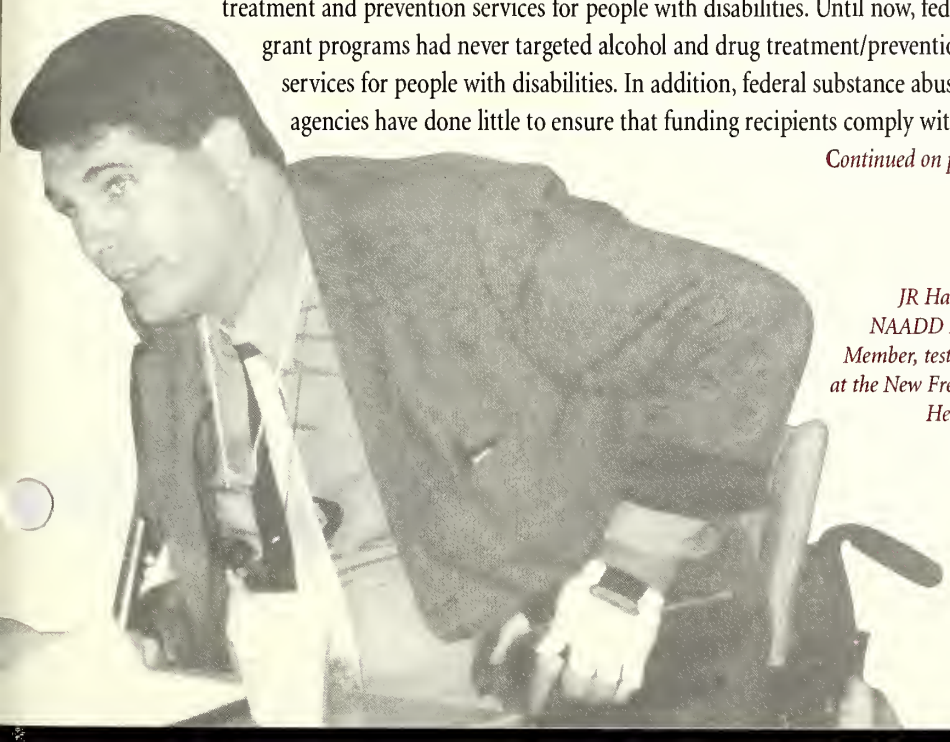
Last summer, NAADD sent a letter to SAMHSA's Acting Administrator Joseph Autry, M.D., raising concerns about the lack of access for people with disabilities to our nation's alcohol and drug prevention and treatment system. NAADD recommended that SAMHSA remedy four problem areas, including programs supported by the Center for Substance Abuse Treatment and the Center for Substance Abuse Prevention.

First, NAADD urged that SAMHSA require the state agencies and community providers it funds to certify compliance with the Americans with Disabilities Act of 1990 (ADA). SAMHSA does not currently require this. Second, NAADD recommended that SAMHSA take active steps to include people with disabilities, acknowledging that this population is underserved and faces high risk for alcohol and drug problems. The letter suggested a complete audit to deal with any ambiguities or unintended bias in the program. This would address language in important SAMHSA documents such as guidelines for applicants (GFA). The goal is to sharpen terminology — explicitly defining people with disabilities as a target population, a component of "community diversity" and an aspect of "cultural competence."

NAADD went on to recommend more inclusion of people with disabilities in peer review teams, which make key funding decisions. NAADD suggested that in keeping with general population figures, 15 percent of peer review members should be people with disabilities.

Most important, NAADD urged SAMHSA to make funds available to improve regional treatment and prevention services for people with disabilities. Until now, federal grant programs had never targeted alcohol and drug treatment/prevention services for people with disabilities. In addition, federal substance abuse agencies have done little to ensure that funding recipients comply with

Continued on page 5



JR Harding, NAADD Board Member, testifying at the New Freedom Hearing.

Deborah Larson, NAADD Board Member, testifying in Washington D.C.

WHAT'S INSIDE

From the Executive Director 2

Progress Across the Country 3

Criminalizing Drug Use and Kids with Disabilities 4

New Freedom Initiative, U.S. Senate 5

New NAADD Board Profiles 7

New Resources 8

NATIONAL ASSOCIATION ON ALCOHOL, DRUGS AND DISABILITY
NAADD

From the Executive Director

New Directions, New Opportunities

Note: *We are saddened by the terrorist attacks in Washington DC and New York City. New cases of disability and an increase in substance use will undoubtedly result from this tradegy. NAADD President Deb Guthmann has foregone her message this issue in order for the following editorial to appear.*

This has been a year of opportunity for NAADD. Throughout 2001, we have engaged key policymakers in useful dialogue, and internally, taken a hard look at approaches to optimizing alcohol and drug services for people with disabilities. All this has helped to make the alcohol-drug-disability issue increasingly visible and capture the attention of leaders who can effect change.

In terms of basic policy, clearly people with disabilities abuse drugs and alcohol at a high rate — a tragic synergy that results in much human suffering — and the conventional routes to treatment often prove inaccessible or ineffective. In seeking an alternative, it is essential to keep an open mind, be flexible and welcome ideas from any source. In its role as advocate for recovery and inclusion, NAADD will continue to focus on results. Ultimately, successful alcohol-drug services for people with disabilities may look very different from the conventional models we see today.

Recently, our Board of Directors, partners, advisors and staff have been engaged in a stimulating dialogue about future directions for our organization. We are excited about what we and others have accomplished in the past few years, and want to use our resources (human as well as financial) in the most effective manner. To date we have focused almost exclusively on improving alcohol and drug treatment and prevention services for people with disabilities, which has and will continue to be our raison d'etre.

It has become increasingly clear, however, that if we are to maximize our leverage as a change agent we will need to move beyond being exclusively a special interest advocacy group. Thus we are moving in two new policy areas. First, we seek to engage the alcohol and drug problems field to improve its connection to the broader disability movement and strengthen its understanding and utilization of legal mechanisms such as the Americans with Disabilities Act which create the legal protections for America's alcoholics and addicts. We believe this perspective offers important advantages in recovery advocacy and anti-stigma efforts.

Second, because traditional treatment modalities have tended to be inaccessible and, when accessible, largely unresponsive to the particular needs of people with disabilities we are interested in investigating alternative approaches to treatment and problem remediation. We believe that whatever offers clients a lower threshold for access to treatment and recovery, and whatever builds flexibility into service delivery systems is ultimately to the advantage of people with disabilities.

As we take tentative steps into these new and largely uncharted waters we appreciate the continuing support of our friends and partners. We welcome your input and counsel as we move forward.

Sincerely,

John de Miranda
Executive Director,
NAADD

Why you should support NAADD!

- If you care about access to services for people with disabilities,
- If your agency would like to learn how to better provide prevention and treatment services for people with disabilities,
- If you wish to support the civil rights of people with disabilities,
- If you would like to join with and network with other individuals and organizations that are committed to the issue,
- If you would like to learn more about the alcohol, drugs and disability connection.

Suggested donations:

- ❑ $15 Individual
- ❑ $25 Single Agency
- ❑ $100 Association

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Send donations to:
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For more information, call 650.578.8047

Progress Across the Country

Ohio

The Ohio Department of Alcohol and Drug Addiction Services hosted the first meeting of the Ohio Access Project's stakeholder coalition on May 1. Luceille Fleming, the Director of the Department welcomed the group and acknowledged the hopes of her agency that the coalition's work would result in more accessible services throughout the Buckeye State. She praised the past and current work of John Corrigan, Ph.D. and the Ohio State University Traumatic Brain Injury Network and its treatment compliance project funded by the federal Center for Substance Abuse Treatment.

Some of the organizations that attended the stakeholder coalition meeting are: the Ohio Council of Behavioral Healthcare Providers, Ohio Department of Mental Retardation and Developmental Disabilities, Substance Abuse Resources and Disability Information-Wright State University, Ohio Resource Center on Deafness and the Ohio Women with Disabilities Network. Issues identified for focus included: lack of access to treatment services, the inclusion of cultural issues and a need to focus on outcomes for people with disabilities.

In May NAADD also provided two well-attended workshops at the Ohio Drugs and Alcohol Studies Institute at Ashland University. The seminar, Alcohol, Drugs and Disability: So What's the Problem provided alcohol and drug professionals with basic information about clients with various disabling conditions and how to improve access to care. Also, in May Theresa Mayer attended Solidarity '01, Ohio's largest conference focusing on people with disabilities where she shared information and recruited partners for the Ohio Access Project.

For more information about the Ohio Access Project contact Shari Aldridge at ODADAS: aldridge@ada.state.oh.us, phone 614.644.8428, or Theresa Mayer at SARDI: theresamayer@voyager.com, 937.775.1484 . ■

Oregon

More than 50 participants attended the first meeting of the Oregon Access Project's stakeholder coalition in Salem on June 21. Barbara Cimaglio, Director of the Office of Alcohol and Drug Abuse Programs welcomed the group which included representatives from the Oregon Health Sciences University (OHSU), the Oregon Partnership, the Oregon Department of Human Services, and the NW Disability Technical Assistance Center, among others.

Of particular interest was information developed by Dr. Dennis Moore at Wright State University that indicated that there may be as many as 31,000 persons with disabilities needing substance use disorder treatment in the Beaver State. The estimate was developed from statistical observations in Ohio and New York. Dennis McCarty from OHSU and the former alcohol and drug chief from the Commonwealth of Massachusetts described that state's experience with a similar project, and there followed lively discussion about barriers to care and issues to be addressed.
A presentation is planned to the annual retreat of the Alcohol and Drug Abuse Providers Association of Oregon, as well as a full day workshop on Alcohol, Drugs and Disability through Portland State University's addictions counseling graduate training program on March 1, 2002. The workshop will be conducted by NAADD's Executive Director, John de Miranda and include introductory and advanced skills development for prevention and treatment professionals who wish to improve their understanding and capabilities about people with disabilities. For registration information contact 503.725.4619.

Coordinating the Oregon Access Project is Shawn Clark from the Workforce Development Unit of the Office of Alcohol and Drug Abuse Programs. She can be reached at 503.373.1650, ext. 229, or e-mail: shawn.clark@state.or.us. ■

Congratulations

NAADD Board Member Debra Maslansky of the United Cerebral Palsy Association of NJ received the Boggs Award for advocacy for people with disabilities.

Florida

Board members JR Harding, of the Florida Division of Vocational Rehabilitation Services, and Hector DelValle are busy developing the Florida Access Project and a stakeholder coalition based in the Orlando area. Ken DeCerchio, Director of the Florida Substance Abuse Program Office has agreed to partner with NAADD in assessing need and assisting in providing training and technical assistance for prevention and treatment providers in the Sunshine State.

Hector spoke of NAADD's efforts at the annual meeting of the Florida Alcohol and Drug Abuse Association in August, and is hard at work planning a one-day conference in Orlando-Alcohol, Drugs and Disabilities: Removing Attitudinal and Structural Barriers to Treatment scheduled for November 9, 2001. Also co-sponsoring the conference is the University of Central Florida School of Social Work and the Orange County Coalition for a Drug Free Community. Featured speakers are Dennis Moore, Director of the Rehabilitation and Research Training Center on Drugs and Disability at Wright State University (Dayton, OH), Harry Kressler, Executive Director of Pima Prevention Partnership (Tucson, AZ), Paul Maiden, Associate Professor, University of Central Florida (Orlando, FL), and NAADD Executive Director John de Miranda. For information about the conference or the Florida Access Project contact 407.381.7932. ■

Continued on page 6

Criminalizing Drug Use and Kids with Disabilities

Shane Koch, Rh.D., University of North Texas

For decades researchers have viewed addiction as a disease and favored a bio-psycho-social perspective. Still, our nation has continued to deal with addiction disorders via its criminal justice system — rather than using the public health model. U.S. drug policy predominantly focuses on interdiction rather than treatment and prevention to alleviate alcohol and other drug abuse (AODA). In the U.S. we falsely conceive of AODA as maladjustment, deviance or misbehavior, rather than regarding it as a legitimate public health problem. We regard persons with these disabilities as not only misguided, but dangerous. Consequently, the public fears people with AODA disorders. Failing to understand their problem, it views incarceration as a means for self-protection and relapse prevention.

Americans' fear and apprehension of persons with AODA disabilities somewhat resembles their view of an "enemy during wartime," according to researchers. In other words, the "war on drugs" has become a "war on people." These stereotypical and stigmatizing beliefs pervade our culture and are not limited to the general public. Other studies indicate professional counselors are not immune to misconceptions of AODA and that they may view these disabilities as examples of "deviance" rather than disorder. Our public and professional misunderstanding of addiction has led to a prison population of more than two million persons, many of whom have both substance use disorders and other disabilities.

During the past decade Dr. Dennis Moore of Wright State University and other researchers associated with NAADD have explored the relationship between alcohol, drugs and disability. Studies linking disability and AODA continue to show high rates of substance abuse among varying classes of persons with disabilities. Clinicians are increasingly aware that persons with AODA disabilities may also have mental disorders, cognitive disorders and developmental disorders, complicating and exacerbating their substance abuse and dependence problems. People may respond to their disabilities by using drugs and alcohol — and abusing drugs and alcohol often contributes to disabilities. During the past decade AODA treatment programs have increasingly admitted youth with disabilities who have begun to use drugs and alcohol in an attempt to adjust to their situations.

Many individuals with coexisting disabilities confront a criminal justice system that neither understands nor accommodates them. Over the last decade, I have worked closely with many offender treatment programs, as a counselor, assessment specialist, program director and program evaluator. I have seen many young persons with disabilities experience extremely negative consequences as they become involved in a system that fails to identify and provide for their needs. This environment views the disclosure of impairment as manipulation or resistance, and it prizes structure over individualization. Here, young persons with disabilities are truly lost.

The Treatment Environment

Youth often arrive at treatment through the court. This is due to the criminalization of AODA, the rise in managed care and the decreased availability of traditional treatment facilities. Young persons with disabilities often present tremendous anger and frustration at a world that fails to meet their needs. They have found difficulty in adapting to a positive peer culture, and the majority culture has been reluctant to interact with them. As a result, many have sought out drug and criminal subcultures to meet their needs for acceptance, socialization and value. Ironically, once they enter this system, they experience a much more aversive environment then the one they found at home and at school.

Offender treatment programs tend to be cognitively driven, highly structured, and resistant to individualization. In order to provide safe, structured environments, such programs tend to require that individuals adapt to the environment, rather than adapting the treatment environment to individual needs. Consequently, youth who may have trouble learning positive social behaviors, who respond poorly to cognitive approaches, or who have sensory disabilities that limit their participation in groups, may be less able to succeed in treatment. They may face barriers that render the treatment inaccessible.

During the past few years NAADD has focused particular attention on accessibility to treatment as well as treatment's inability to meet the needs of persons with disabilities. Unfortunately, youth and adults with coexisting disabilities in the criminal justice system who face such challenges and frustrations have received relatively little attention. Ironically, they may suffer even more from these inequities — because they are playing a game with higher stakes.

For offenders, failing to complete treatment or benefit from it often results in longer incarceration or placement in a more restricted environment. In many facilities the length of treatment/incarceration is dependant on progress. As a result, persons with disabilities who move at a slower pace and adapt less easily to the rigors of the environment may end up doing "more time" and "harder time" — due to their disabilities. While there is limited research available in this area, at least one study has linked cognitive impairments to increased lengths of treatment in highly restrictive therapeutic communities. For an offender with coexisting disabilities, failure in treatment can mean loss of freedom, removal from the community, isolation from family, humiliation and further stigmatization.

Call for Advocacy

As a professional, I have seen the faces of young persons with disabilities struggling in AODA treatment and experienced the negative consequences of an unresponsive system. This is why I believe that NAADD must continue to explore this issue. We face a limited amount of research in the area of coexisting disabilities in general. And we know too little about what happens to consumers when they enter the world of corrections. It is important that we acknowledge the existence of these particular people with disabilities and their right to effective individualized treatment.

We need to take a closer, more detailed look at this population. The issue is open for discussion, and there are increasing possibilities to fund proposals that address this area. In our country more than six million individuals are involved in the criminal justice system — and an unidentified number of them are the consumers whom we represent. If we pay more attention to their needs, this group of consumers stands a better chance of rejoining our society as productive independent community members. ■

For more information contact:
Shane Koch, Rh.D., CRC, LCDC, is a NAADD board member and on the faculty of the University of North Texas. He can be reached at 940.565.3464 or at koch@scs.cmm.unt.edu.

Washington Report - *continued from page 1*

the civil rights protections persons with disabilities enjoy along with all other Americans. The ADA and earlier Rehabilitation Act cover this ground.

As early as 1999, NAADD voiced the concerns of disability and civil rights leaders that publicly-supported alcohol and drug services were too inaccessible. It urged that SAMHSA and the Centers "aggressively enforce the Americans with Disabilities Act of 1990 and the Rehabilitation Act of 1973 as amended with regard to its programs and contracts." Today, in view of the continuing scope of this problem, NAADD has recommended that SAMHSA seek funds or reallocate funds to enable states and communities to improve access to substance abuse services for people with disabilities.

In response, SAMHSA's Dr. Autry wrote that "your letter raises some excellent points, and I am confident that we can improve upon our efforts." He concluded with the observation that "...we would welcome your group's specific suggestions regarding the type of programs that would be most helpful in improving access to individuals with a range of disabilities. It is possible that these suggestions could be incorporated in existing programs or could become the basis for future programs." Autry said he hoped this would be the first in a series of productive exchanges with NAADD.

NAADD is encouraged by this response and the fact that the new administration has emphasized the importance of people with disabilities through its New Freedom Initiative.

New Freedom Initiative

President Bush marked September 5 with a New Freedom Initiative National Listening Session – and NAADD Board Members and staff traveled to Washington, DC to participate. NAADD had been invited by the Center for Substance Abuse Treatment to provide testimony about barriers in federal law, policy and programs that limit the ability of people of any age with a disability to live more independently in the community.

Deborah Larson, Director of Granada House in Allston, Massachusetts, spoke about the recent case of a man with spinal cord injury who had briefly relapsed after 10 years of continuous sobriety. Unable to find accessible treatment in the Washington, DC/Maryland vicinity, he considered Granada House his only alternative. Deb personalized her testimony by referring to her own treatment, also at Granada House many years ago. Then, she was admitted despite state regulations which required that all residents be able to quickly exit the building in case of emergency. Because of mobility limitations caused by a traumatic brain injury, she was not able to meet that requirement and was actually admitted to the program illegally.

JR Harding, a two-time survivor of quadriplegia and recovering addict, spoke of having to travel from Ohio to Minnesota to find an accessible treatment program. JR is the subject of a documentary movie, JR's Story: The Disability of Chemical Dependency. JR, an employee of the Customer Relations Division of the Florida Division of Vocational Rehabilitation, traveled to Washington to testify. He observed that, "Basically, everyone the federal government does business with should be made to comply with the ADA and therefore, measurably improve access to substance abuse services, employment, transportation and everyday life activities."

Executive Director, John de Miranda, described NAADD's efforts to assist key states (Ohio, Oregon, New Jersey, Florida and California) to improve alcohol and drug services for people with disabilities. Funded by grants from the Robert Wood Johnson Foundation and the California Department of Alcohol and Drug Programs these training and technical assistance efforts are bearing fruit. NAADD is hopeful that federal agencies such as the Departments of Health and Human Services (HHS) and Education will partner to disseminate the lessons learned from these initiatives.

United States Senate

Following the public hearing NAADD met with staff from the office of Senator Ted Kennedy (D-MA), who chairs the powerful Senate Committee on Health, Education, Labor and Pensions. NAADD explored legislative remedies and enlisted the Senator's aid in improving the responsiveness of federal agencies to the needs of people with disabilities requiring substance use disorder treatment. Senate staffers promised to work with NAADD to improve visibility for this issue within the Beltway, and to communicate directly with HHS about the importance of these concerns. ■

Progress Across the Country- *continued from page 3*

California

The California Department of Alcohol and Drug Programs (ADP) has contracted with NAADD to provide technical assistance services to the 1,000+ alcohol and drug providers throughout the Golden State.

The California Alcohol, Drug, and Disability Technical Assistance Project (TAP) opened its doors on March 1, 2001 in Belmont, CA. Under the directorship of Bob Olson, past president of NAADD and former Executive Director of the Wisconsin Alcohol, Drug, and Disability Association, TAP is now providing information and referral, clinical training, disability awareness and sensitivity training, program and policy review, and architectural surveys to California's prevention and treatment providers.

Services such as assisting the California Conference on Alcohol Problems to make their conferences accessible to people with disabilities, meeting with the county alcohol and drug program administrators, and on-site disability awareness and sensitivity trainings to alcohol and drug programs have been provided. The Project also provides regional trainings to the Disability Access Coordinators of each California county. According to Kathryn Jett, Director of ADP, "...these training will assist...programs to eliminate the physical, programmatic, and attitudinal barriers that may impede persons with physical, sensory, or cognitive disabilities from seeking appropriate alcohol or other drug prevention or treatment services."

Staff are also working with the California Foundation for Independent Living Centers to link local alcohol and drug programs and independent living centers that provide services to people with disabilities throughout the State. According to Olson, " A healthy working relationship between alcohol and drug programs and disability service providers such as centers for independent living is vital to successful treatment outcomes for people with substance use disorder and co-existing physical, sensory or cognitive disabilities."

The Project is currently undertaking a statewide accessibility survey and needs assessment of ADP-funded programs. This survey will assist in developing priorities to ensure accessibility so that people with disabilities are provided with equal access to care. TAP services are free to ADP-funded programs. Contact 650.631.1576 or TTY 650.631.1829 for more information, or e-mail: naadd@juno.com. ■

Kathryn Jett, Director of the California Department of Alcohol and Drug Programs, and John Quimby, Legislative Advocate.

New Jersey

Several years ago disability advocates in New Jersey were successful in convincing the state legislature to set aside a specific fund for use each year to improve access to services for people with disabilities. In that legislation the Senate and General Assembly of the State of New Jersey found that "...few rehabilitation centers and professionals working with the deaf, hard of hearing and other disabled persons are adequately prepared or trained to identify, recognize or deal with the signs of substance abuse; and New Jersey needs the development of specialized services for people with disabilities who abuse, misuse and are addicted to alcohol and other drugs."

Continued on page 7

National Access Project Team

l. to r.: Steve Shevlin, Signs of Sobriety, NJ; Pam Clark, OR; John Hulick, Nat'l Council on Alcohol and Drug Dependence, NJ; Theresa Mayer, SARDI-Wright State Univ., OH; Lily Kaufmann, Division of Addiction Services, NJ; Alan Warner; Shari Aldridge, Ohio Dept. of Alcohol and Drug Addiction Services; Dennis Moore, Ph.D., Rehabilitation Research and Training Ctr, OH; Shawn Clark, Office of Alcohol and Drug Abuse Programs, OR; Jim Weber Ph.D., Rehabilitation Research and Training Ctr., OH; Deb Guthmann Ph.D.; Nicole Annaloro, NAADD; (not present: Hector Del Valle, FL)

Ohio

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For more information about the Ohio Access Project contact Shari Aldridge at ODADAS: aldridge@ada.state.oh.us, phone 614.644.8428, or Theresa Mayer at SARDI:

In our next issue we will have additional information about the Second National Conference on Substance Abuse and Co-Existing Disabilities.

Attendees, Second National Conference on Substance Abuse and Co-Existing Disabilities, Baltimore, MD , June 3-5, 2001.

NEW NAADD BOARD PROFILES

Dale Chadwick

Dale Chadwick earned an M.B.A. degree from Boston University and is a consultant in the fields of behavioral health and social change, based in Little Rock, Arkansas. Her clients have included Volunteers of America, Magellan Health Services, and the New England Psychological Network.

Ralph Edwards

Mr. Edwards has worked extensively with communities and community organizations regarding substance abuse, HIV and community access. He is Director of the Office of Citizen Leadership in the Massachusetts Department of Mental Retardation. He is a graduate of the University of Texas School of Public Health and the Kennedy School of Government at Harvard University.

Angelia Holloway

Ms. Holloway is a Certified Rehabilitation Counselor with a M.A. from New York University and a B.A. from Howard University. She is Program Director for Binding Together a training and employment program for recovering addicts and alcoholics that operates a commercial print shop.

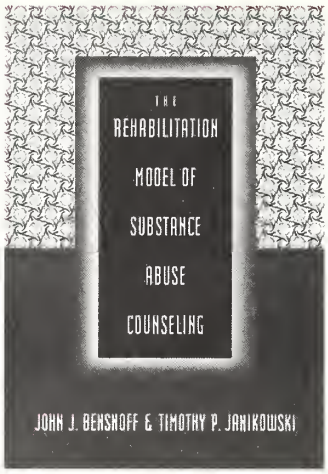
Danita Rodriguez

Ms. Rodriguez is Assistive Technology Awareness Project Director at United Cerebral Palsy of Southern Arizona. Her professional experience includes extensive work with organizations serving minorities with disabilities, and Ms. Rodriguez is currently directing development of a public education campaign focused on full inclusion of people with disabilities funded by the U.S. Administration on Developmental Disabilities. ■

NEW RESOURCES

The Rehabilitation Model of Substance Abuse Counseling, 1/e

By John J. Benshoff and Timothy P. Janikowski



This books provides readers with practical skills and treatment strategies and is unique in its conceptualization of substance abuse as a disability.

It features:

- an emphasis on individualized treatment models and the more contextual bio-psycho-social model
- emphasis that substance abuse frequently co-exists with other disabilities such as mental illness, traumatic brain injury, and learning disabilities.
- tailoring of individualized treatment plans, incorporating multiple areas of the client's life and combining it with one or more models for effective treatment.

To order call 1.800.842.3636 ■

Visit our website at: www.naadd.org

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NAADD National Advisory Council

April 24, 2003

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Organization: _____

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